

Golden Acres WWTP

AI: 2935

KY0044164

by York, Jessie (EEC)

11/9/21



Influent bar screen,
aeration, and return
sludge.



Aeration has good color.



WARNING

Waste-Water Treatment

DO NOT ENTER

In Case of Emergency Contact

1-866-752-8982



Clarifier



Contact chamber



Security fence.



Security fence.



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

May 1, 2020

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

RE: Airview WWTP -- 1643
Permit No.: KY0045390
Hardin County, Kentucky
Activity ID: CIN20200001

Dear Bluegrass Water Utility Operating Company LLC:

Attached for your information and records is a copy of the Wastewater Routine inspection performed at Airview WWTP on April 22, 2020.

Overall, the plant appeared to be operating effectively based on observations made at the time of the inspection, and operations can continue to improve as long as repairs and maintenance are kept up.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Jana Stewart".

DOWRoutinePhotos042722

AI 1643 – Hardin County

DOW Inspector Sara Stewart

April 27, 2022

L- all blowers well-maintained with good aeration. R – bar screen well-maintained and recently cleaned.



Clarifier had broken bottom arm at the time of the inspection. A pump was being used to circulate effluent, with limited effectiveness as shown.



Evidence of inadequate treatment in dark, cloudy appearance to receiving waters, due to condition of clarifier.



ANDY BESHEAR
GOVERNOR



REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
130 EAGLE NEST DR
PADUCAH KY 42003-9435

ANTHONY R. HATTON
COMMISSIONER

June 4, 2020

Todd Teas
6550 US60 W
Paducah, KY 42001

Re: Notice of Violation
AI ID: 3070
AI Name: Timberland Subdivision WWTP
Activity ID: ENV20200001
Permit No. KY0083755
McCracken County, KY

Dear Todd Teas:

On January 30, 2020, the Division of Water issued Timberland Subdivision WWTP a Notice of Violation (NOV). The Paducah Regional Office appreciates Timberland Subdivision WWTP's efforts to address the compliance issues raised by the NOV. The actions taken by Timberland Subdivision WWTP in response to the NOV are considered sufficient at this time with regard to the violations listed in the NOV. The Cabinet reserves its rights under KRS Chapter 224 and its administrative regulations to undertake such enforcement action hereafter as it deems appropriate, which may include consideration of the compliance issues addressed by the NOV. Please review the inspection report carefully and address any impending trends noted. If you have any questions, please feel free to contact me at (270) 898-8468.

Sincerely,

A handwritten signature in black ink, reading "Zach Campbell", enclosed in a rectangular box with a thin black border.

DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Great Oaks WWTP AI #: 3041</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/repellent 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> <ol style="list-style-type: none"> 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>II. 29 CFR 1910.135 HEAD PPE</p> <ol style="list-style-type: none"> 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>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/> 	<p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <ol style="list-style-type: none"> 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>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 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>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <ol style="list-style-type: none"> 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 <p>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.



DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Brocklyn Utilities LLC WWTP AI #: 2809</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: Compliance Evaluation Inspection.

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 checked="" 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:

Safety precautions taken, safety shoes worn.

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.



2/1/22

John Hanks

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

DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Golden Acres WWTP AI #: 2935</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: Inspection

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 checked="" type="checkbox"/> Cut/Abrasion/Puncture 2. <input type="checkbox"/> Electrical 3. <input type="checkbox"/> Chemical 4. <input checked="" type="checkbox"/> Biological 5. <input type="checkbox"/> Temperature 6. <input type="checkbox"/> Struck By/Against 7. <input type="checkbox"/> Body Fluids 8. <input checked="" type="checkbox"/> Strain 9. <input checked="" 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/repellent 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> <ol style="list-style-type: none"> 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>II. 29 CFR 1910.135 HEAD PPE</p> <ol style="list-style-type: none"> 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>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/> 	<p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <ol style="list-style-type: none"> 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>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 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>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <ol style="list-style-type: none"> 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 <p>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 checked="" type="checkbox"/> Cut/Abrasion/Puncture 2. <input type="checkbox"/> Electrical 3. <input type="checkbox"/> Chemical 4. <input checked="" type="checkbox"/> Biological 5. <input type="checkbox"/> Temperature 6. <input type="checkbox"/> Sunburn 7. <input type="checkbox"/> Body Fluids 8. <input checked="" type="checkbox"/> Cumulative 9. <input checked="" 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 checked="" type="checkbox"/> Cut/Abrasion/Puncture 2. <input type="checkbox"/> Electrical 3. <input type="checkbox"/> Chemical 4. <input checked="" type="checkbox"/> Biological 5. <input type="checkbox"/> Temperature 6. <input type="checkbox"/> Struck By/Against 7. <input checked="" 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.



DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Great Oaks WWTP AI #: 3041</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 checked="" 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/repellent 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> <ol style="list-style-type: none"> 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>II. 29 CFR 1910.135 HEAD PPE</p> <ol style="list-style-type: none"> 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>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/> 	<p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <ol style="list-style-type: none"> 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>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 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>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <ol style="list-style-type: none"> 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 <p>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.



DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Herrington Haven Subd AI #: 1469</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: wastewater compliance inspection.

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/repellent 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> <ol style="list-style-type: none"> 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>II. 29 CFR 1910.135 HEAD PPE</p> <ol style="list-style-type: none"> 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>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/> 	<p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <ol style="list-style-type: none"> 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>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 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>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <ol style="list-style-type: none"> 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 <p>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:

Wear appropriate boots and gear. SAFety precautions taken. Covid 19 precautions.

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.

Deborah E. Singleton

DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Airview WWTP AI #: 1643</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: A routine wastewater inspection performed by DOW inspectors Jody Eilers and Sara Stewart on April 22, 2020

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 checked="" 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 checked="" 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/repellent 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> <ol style="list-style-type: none"> 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>II. 29 CFR 1910.135 HEAD PPE</p> <ol style="list-style-type: none"> 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>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/> 	<p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <ol style="list-style-type: none"> 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>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 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>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <ol style="list-style-type: none"> 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 <p>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 checked="" 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.



DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Airview WWTP AI #: 1643</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: A routine wastewater inspection conducted by DOW on April 27, 2022 in Hardin County.

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 checked="" 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 checked="" 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/repellent 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.



DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Airview WWTP AI #: 1643</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: A compliance sampling inspection to be conducted on May 6, 2021 by DOW in Hardin County.

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 checked="" 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 checked="" type="checkbox"/> Strain 9. <input type="checkbox"/> Cumulative 10. <input checked="" 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/repellent 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.



DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Timberland Subdivision WWTP AI #: 3070</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 checked="" type="checkbox"/> Slip/Trip/Fall 11. <input checked="" type="checkbox"/> Same Level Fall (A) 12. <input checked="" 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/repellent 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> <ol style="list-style-type: none"> 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>II. 29 CFR 1910.135 HEAD PPE</p> <ol style="list-style-type: none"> 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>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/> 	<p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <ol style="list-style-type: none"> 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>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 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>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <ol style="list-style-type: none"> 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 <p>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.



DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Timberland Subdivision WWTP AI #: 3070</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 checked="" 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/repellent 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> <ol style="list-style-type: none"> 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>II. 29 CFR 1910.135 HEAD PPE</p> <ol style="list-style-type: none"> 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>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/> 	<p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <ol style="list-style-type: none"> 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>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 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>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <ol style="list-style-type: none"> 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 <p>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.



DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Herrington Haven Subd AI #: 1469</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: wastewater compliance inspection.

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/repellent 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> <ol style="list-style-type: none"> 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>II. 29 CFR 1910.135 HEAD PPE</p> <ol style="list-style-type: none"> 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>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/> 	<p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <ol style="list-style-type: none"> 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>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 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>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <ol style="list-style-type: none"> 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 <p>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:

Wear appropriate boots and gear, Safety precautions taken.

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.

Deborah E. Singleton

DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Golden Acres WWTP AI #: 2935</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: Inspection

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 checked="" 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/repellent 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> <ol style="list-style-type: none"> 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>II. 29 CFR 1910.135 HEAD PPE</p> <ol style="list-style-type: none"> 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>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/> 	<p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <ol style="list-style-type: none"> 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>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 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>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <ol style="list-style-type: none"> 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 <p>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.



DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Great Oaks WWTP AI #: 3041</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 checked="" 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/repellent 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.



DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Golden Acres WWTP AI #: 2935</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: Inspection

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 checked="" 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/repellent 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> <ol style="list-style-type: none"> 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>II. 29 CFR 1910.135 HEAD PPE</p> <ol style="list-style-type: none"> 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>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/> 	<p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <ol style="list-style-type: none"> 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>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 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>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <ol style="list-style-type: none"> 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 <p>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 checked="" 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 checked="" 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.



DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Golden Acres WWTP AI #: 2935</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: Inspection

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 checked="" 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/repellent 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> <ol style="list-style-type: none"> 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>II. 29 CFR 1910.135 HEAD PPE</p> <ol style="list-style-type: none"> 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>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/> 	<p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <ol style="list-style-type: none"> 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>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 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>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <ol style="list-style-type: none"> 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 <p>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.



DEP WORKSITE HAZARD ASSESSMENT

<p>PART A</p> <p>Site Name: Great Oaks WWTP AI #: 3041</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: Wastewater CEI

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/repellent 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> <ol style="list-style-type: none"> 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>II. 29 CFR 1910.135 HEAD PPE</p> <ol style="list-style-type: none"> 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>III. EYES/FACE</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> Airborne 2. <input type="checkbox"/> Chemical 3. <input type="checkbox"/> Flash/Light/UV 4. <input type="checkbox"/> 	<p>III. 29 CFR 1910.133 EYES/FACE PPE</p> <ol style="list-style-type: none"> 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>IV. RESPIRATORY</p> <p>LIKELY INJURY/HAZARD</p> <ol style="list-style-type: none"> 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>IV. 29 CFR 1910.134 RESPIRATORY PPE</p> <ol style="list-style-type: none"> 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 <p>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.

X

Date

(Optional) Supervisor Signature

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.

X *Zach Campbell*

Signed by: Zach - Microsoft Esign
[Zachary Campbell](#)
Employee Signature

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

AI ID: 1643 **AI Type:** SANI-Wastewater Treatment & Collection (2213)
AI Name: Airview WWTP
AI Address: 178 W Airview Dr
City: Elizabethtown **State:** Kentucky **Zip:** 42701
County: Hardin **Regional Office:** Louisville Regional Office
Latitude: 37.758333 **Longitude:** -85.892222

Site Contact: Kathy Carey
Title: Operator **Phone #:** (502) 650-5124

Inspection Type: Wastewater Routine-Minor Non-municipal
Activity #: CIN20220001
Incident IDs:
Inspection Start Date: April 28, 2022 **Time:** 12:00 PM
End Date: April 28, 2022 **Time:** 01:00 PM
Site/Permit ID: KY0045390

Lead DEP Investigator: Sara Stewart
Other DEP Investigators:
External Investigators:
Persons Interviewed: Kathy Carey; James Smith

General Comments: On April 27, 2022 Division of Water (DOW) Inspector Sara Stewart conducted a routine inspection to determine compliance with KPDES permit KY0045390 for domestic wastewater discharges from Airview Subdivision's wastewater treatment plant (WWTP). DOW was accompanied at the time of the inspection by Kathy Carey and James Smith representing Midwest Water Operations, who operate under the permittee, Bluegrass Water Utilities.

The facility has one aeration basin, clarifier, and sludge tank with an average flow of 0.034 million gallons per day (MGD). A lagoon was formerly used for treatment at the plant but has been taken out of service with an ongoing project to utilize the former lagoon as wet weather storage. Flow at the time of the inspection was recorded as 30 gallons per minute (GPM), or approximately 0.04 GPD. At the time of the inspection, the clarifier was not operating properly. Lower arms had broken off due to age, and supply chain shortages resulted in difficulty making repairs. A pump was hooked up in the clarifier for effluent circulation to continue, however the effluent appeared cloudy and dark with some scum observed around the top of the clarifier. Discharge at Outfall 001, to an unnamed tributary (UT) of Mill Creek, also appeared dark and cloudy.

Violations were documented due to visible stream degradation having occurred as a result of the clarifier's operational status. DOW recommends the facility begin keeping spare parts available in order for treatment systems to continue operating despite needing maintenance or repairs.

Overall Compliance Status: Out of Comp- Viol documented

Investigation Results

SI: AIOO1643

SI Description:

Inspector Comment: Repairs to the clarifier arms reported as completed on 5/5/2022.

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

Compliance Status: C-No Violations observed

Comment: The facility holds KPDES permit KY0045390, which went into effect on May 1, 2020 and will expire on April 31, 2025.

Requirement: Is the facility being operated under the supervision of a properly certified operator? [401 KAR 5:010 Section 1]. [401 KAR 5:010 Section 1]

Compliance Status: C-No Violations observed

Comment: The facility is operated under the supervision of the following certified operator:
Kathy Carey - Treatment II #31228

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]. [401 KAR 5:010 Section 2]

Compliance Status: C-No Violations observed

Comment: The collection system is under the responsibility of:
Kathy Carey - Collection II #31241

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)]. [401 KAR 5:065 Section 2(1)]

Compliance Status: D-Out of Compliance-Violations Documented

Comment: The facility is not being properly operated and maintained as required. At the time of the inspection, the clarifier was not working properly due to broken bottom arms. Although a pump was hooked up within the clarifier to temporarily provide effluent circulation, this was not providing adequate treatment at all times. Effluent within the clarifier was observed to be cloudy, indicating a disturbance of the sludge blanket. Repairs had not been completed by the time of the inspection due to supply chain issues, however DOW recommends that the facility keep spare parts on hand to prevent shortages from impacting treatment processes.

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

Compliance Status: C-No Violations observed

Comment: The facility uses two stacks of chlorine tablets for disinfection, with adequate contact time before discharging.

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: Surface waters downstream of the discharge point appeared cloudy and dark, indicating that pollutants could have entered waters of the Commonwealth.

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

Compliance Status: D-Out of Compliance-Violations Documented

Comment: The waters of the Commonwealth have been degraded. The facility discharges to a UT of Mill Creek, which appeared cloudy and dark downstream of the outfall at the time of the inspection.

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)]

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

Comment: Spills, bypasses, and non-compliance can be reported to DOW by contacting the regional office at (502) 429-7122 or by calling the 24-hour environmental emergency number at (800) 928-2380.

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)]. [401 KAR 5:065 Section 3(5)]

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

Comment: Any emergency or accidental release to the environment must immediately be reported to DOW as soon as the facility becomes aware.

Documentation

- | | |
|---|--|
| <input checked="" 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:



**KENTUCKY POLLUTANT
DISCHARGE ELIMINATION
SYSTEM****FACT SHEET**

KPDES No.: KY0044164
AI No.: 2935
Golden Acres WWTP
U.S. Highway 68 Golden Acres Loop
Calvert City, Marshall County, Kentucky

Date: February 17, 2020

Public Notice Information

Public Notice Start Date: February 18, 2020

Comment Due Date: March 19, 2020

General information concerning the public notice process may be obtained on the Division of Water's Public Notice Webpage at the following address:

<https://eec.ky.gov/Environmental-Protection/Water/Pages/Water-Public-Notices-and-Hearings.aspx>.

Public Notice Comments

Comments must be received by the Division of Water no later than 4:30 PM on the closing date of the comment period. Comments may be submitted by e-mail at: DOWPublicNotice@ky.gov or written comments may be submitted to the Division of Water at 300 Sower Blvd, Frankfort, Kentucky 40601.

Reference Documents

A copy of this proposed fact sheet, proposed permit, the application, other supporting material and the current status of the application may be obtained from the Department for Environmental Protection's Pending Approvals Search Webpage:

http://dep.gateway.ky.gov/eSearch/Search_Pending_Approvals.aspx?Program=Wastewater&NumDaysDoc=30.

Open Records

Copies of publicly-available documents supporting this fact sheet and proposed permit may also be obtained from the Department for Environmental Protection Central Office. Information regarding these materials may be obtained from the Open Records Coordinator at (502) 782-6849 or by e-mail at EEC.KORA@ky.gov.

THIS KPDES FACT SHEET CONSISTS OF THE FOLLOWING SECTIONS:

1. FACILITY SYNOPSIS.....	4
1.1. Name and Address of Applicant.....	4
1.2. Facility Location.....	4
1.3. Description of Applicant’s Operation.....	4
1.4. Wastewaters Collected and Treatment	4
1.5. Permitting Action	4
2. RECEIVING / INTAKE WATERS.....	6
2.1. Receiving Waters.....	6
2.2. Intake Waters – Nearest Downstream Intake.....	6
3. OUTFALL 001	8
3.1. Outfall Description	8
3.2. Reported Values.....	8
3.3. Effluent Limitations and Monitoring Requirements	9
3.4. Pertinent Factors.....	10
3.5. Justification of Requirements.....	10
4. OTHER CONDITIONS.....	13
4.1. Schedule of Compliance.....	13
4.2. Antidegradation	13
4.3. Standard Conditions.....	13
4.4. Sufficiently Sensitive Analytical Methods	13
4.5. Certified Laboratory	13
4.6. Connection to Regional Sewer System.....	13
4.7. Certified Operators	13
4.8. Location Map.....	14

SECTION 1
FACILITY SYNOPSIS

DRAFT

1. FACILITY SYNOPSIS

1.1. Name and Address of Applicant

Bluegrass Water Utility Operating Company, LLC
 500 Northwest Plaza Drive, Suite 500
 St. Ann, Missouri 63074

1.2. Facility Location

Golden Acres WWTP
 U.S. Highway 68 Golden Acres Loop
 Calvert City, Marshall County, Kentucky

1.3. Description of Applicant’s Operation

The applicant operates a domestic wastewater treatment plant serving a subdivision.

1.4. Wastewaters Collected and Treatment

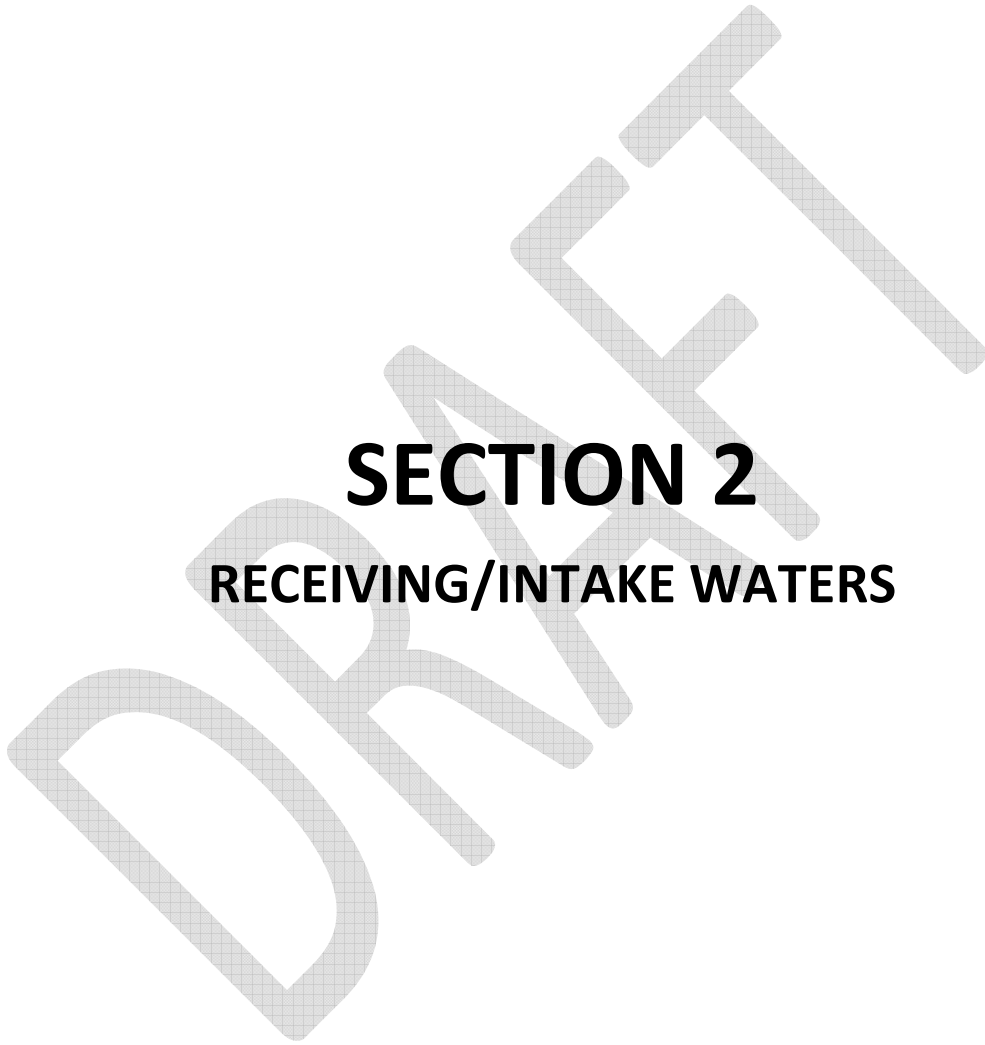
The following table lists the actual average flow reported, the facility’s approved long-term average design treatment capacity, the wastewater types collected, and the treatment type for each outfall:

TABLE 1.				
Outfall No.	Avg. Flow (MGD)	Design Capacity (MGD)	Wastewater Types Collected	Treatment Type
001	0.019	0.025	Domestic Sanitary	Screening Aeration Basin Sedimentation Chlorine Disinfection Dechlorination Discharge to Surface Water

1.5. Permitting Action

This is a reissuance of a minor KPDES permit for an existing domestic wastewater treatment plant [SIC Code 4952].

SECTION 2
RECEIVING/INTAKE WATERS



2. RECEIVING / INTAKE WATERS

2.1. Receiving Waters

All surface waters of the Commonwealth have been assigned stream use designations consisting of one or more of the following designations: Warmwater Aquatic Habitat (WAH), Primary Contact Recreation (PCR), Secondary Contact Recreation (SCR), Domestic Water Supply (DWS), Coldwater Aquatic Habitat (CAH) or Outstanding State Resource Water (OSRW)[401 KAR 10:026].

All surface waters of the Commonwealth are assigned one of the following antidegradation categories: Outstanding National Resource Water (ONRW), Exceptional Water (EW), Impaired Water (IW) or High Quality Water (HQ)[401 KAR 10:030].

Surface waters categorized as an IW are listed in Kentucky’s most recently approved Integrated Report to Congress on the Condition of Water Resources in Kentucky - Volume II. 303(d) List of Surface Waters.

The following table lists the stream use classifications associated with this permit.

TABLE 2.

Receiving Water Name	Use Designation	Antidegradation Category	7Q10 Low Flow (cfs)	Harmonic Mean Flow (cfs)
UT to Clarks River	WAH PCR SCR DWS	HQ	0.0	0.0

2.2. Intake Waters – Nearest Downstream Intake

TABLE 3.

Intake Water Name	Public Water Supply Name	Latitude (N) Decimal Degrees	Longitude (W) Decimal Degrees	Miles Downstream	7Q10 Low Flow (cfs)	Harmonic Mean Flow (cfs)
Ohio River	Paducah Water Works	37.099114°	88.607375°	24.5	51,000	175,000

SECTION 3
OUTFALL 001

DRAFT

3. OUTFALL 001

3.1. Outfall Description

The following table lists the outfall type, location, and description:

TABLE 4.				
Outfall Type	Latitude (N)	Longitude (W)	Receiving Water	Description of Outfall
External	36.972741°	88.480964°	UT to Clarks River	Domestic Wastewater

3.2. Reported Values

The following table summarizes the reported values for Outfall 001:

TABLE 5.							
Reported Parameters	Units	EFFLUENT					
		Loadings (lbs/day)		Concentrations			
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum
Flow	MGD	0.019	0.019 ¹	N/A	N/A	N/A	N/A
pH	SU	N/A	N/A	6.3	N/A	N/A	8.2
CBOD ₅ ²	mg/l	1.52	1.58	N/A	11.7	14.8	N/A
Total Suspended Solids	mg/l	1.53	1.53	N/A	10.8	12.4	N/A
Ammonia (as mg/l NH ₃ N)							
May 1 – October 31	mg/l	0.88	0.88	N/A	7.09	7.09 ¹	N/A
November 1 – April 30	mg/l	0.41	0.41	N/A	4.81	6.20 ¹	N/A
E. Coli ³	#/100 ml	N/A	N/A	N/A	3957 ⁴	3815 ⁵	N/A
Dissolved Oxygen	mg/l	N/A	N/A	1.8	N/A	N/A	N/A
Total Residual Chlorine	mg/l	N/A	N/A	N/A	0.022	0.022 ¹	N/A
¹ Daily Maximum							
² CBOD ₅ – Carbonaceous Biochemical Oxygen Demand, 5-day							
³ E. Coli – Escherichia Coli Bacteria							
⁴ Thirty (30) day Geometric Mean							
⁵ Seven (7) day Geometric Mean							

The above values are based off of 5-year DMR averages from 03/31/2015 to 12/31/2019.

3.3. Effluent Limitations and Monitoring Requirements

The following table summarizes the effluent limitations and monitoring requirements for Outfall 001:

TABLE 6.									
EFFLUENT LIMITATIONS								MONITORING REQUIREMENTS	
Effluent Characteristic	Units	Loadings (lbs/day)		Concentrations				Frequency	Sample Type
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum		
Flow	MGD	Report	Report ¹	N/A	N/A	N/A	N/A	1/Quarter	Instantaneous
pH	SU	N/A	N/A	6.0	N/A	N/A	9.0	1/Quarter	Grab
CBOD ₅ ²	mg/l	N/A	N/A	N/A	25	37.5	N/A	1/Quarter	Composite ³
Total Suspended Solids	mg/l	N/A	N/A	N/A	30	45	N/A	1/Quarter	Composite ³
Ammonia (as mg/l NH ₃ N)									
May 1 – October 31	mg/l	N/A	N/A	N/A	4.0	6.0 ¹	N/A	1/Quarter	Composite ³
November 1 – April 30	mg/l	N/A	N/A	N/A	10	15 ¹	N/A	1/Quarter	Composite ³
Dissolved Oxygen	mg/l	N/A	N/A	7.0	N/A	N/A	N/A	1/Quarter	Grab
E. Coli ⁴	#/100 ml	N/A	N/A	N/A	130 ⁵	240 ⁶	N/A	1/Quarter	Grab
Total Residual Chlorine	mg/l	N/A	N/A	N/A	0.011	0.019 ¹	N/A	1/Quarter	Grab
¹ Daily Maximum									
² CBOD ₅ – Carbonaceous Biochemical Oxygen Demand, 5-day									
³ A sample composed of four or more equal or flow-proportional aliquots collected over a period of no less than eight and no more than twenty-four hours and aggregated so that the aggregate sample reflects the average water quality of the effluent during the compositing or sample period									
⁴ E. Coli – Escherichia Coli Bacteria									
⁵ Thirty (30) day Geometric Mean									
⁶ Seven (7) day Geometric Mean									

3.4. Pertinent Factors

The effluent limitations for this outfall were developed in accordance with DOW’s General Procedures for Limitations Development located on DOW’s webpage at: <https://eec.ky.gov/Environmental-Protection/Forms%20Library/General%20Procedures%20for%20Limitations%20Development.pdf>.

3.4.1. Secondary Treatment Standards

Discharges of biochemically degradable wastes are subject to technology-based effluent limitations (TBELs) known as the Secondary Treatment Standards. Both state and federal regulations establish the requirements for secondary treatment. State regulations for secondary treatment only apply to non-POTWs [401 KAR 5:045].

TABLE 7.		
State Defined Secondary Treatment Standards		
Pollutant or Pollutant Characteristic	30-day average	7-day average
BOD ₅ (mg/l)	30	45
TSS (mg/l)	30	45

3.5. Justification of Requirements

Chapters 5 and 10 of Title 401 of the Kentucky Administrative Regulations (KARs), cited in the following, have been duly promulgated pursuant to the requirements of Chapter 224 of the Kentucky Revised Statutes.

At a minimum, all permits shall contain technology-based effluent limitations (TBELs) [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(a)]. When necessary to achieve water quality standards, all permits shall contain water quality-based effluent limitations (WQBELs) [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(d)]. Any WQBELs included in this permit are based upon the Kentucky Water Quality Standards (KYWQS) [401 KAR 10:031].

3.5.1. Flow

The monitoring requirements for this parameter are consistent with the KPDES permit program requirements for establishing effluent limitations, standards, and permit conditions [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(i)(1)(ii)] and requirements for recording and reporting of monitoring results [401 KAR 5:050, Section 4 – 40 CFR 122.48].

3.5.2. CBOD₅

The limitations for this parameter are consistent with the secondary treatment standards for biochemically degradable wastes as defined in state regulations [401 KAR 5:045, Section 3]. DOW found that it was necessary to impose WQBELs for this parameter in order to achieve water quality standards. [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(d)]. These effluent limitations are also consistent with Kentucky’s Water Quality Standards [401 KAR 10:031, Section 4(1)(e) & (i) respectively]. The EPA’s River and Stream Water Quality Model (QUAL 2E/K) was used to develop these limitations.

3.5.3. Total Suspended Solids

The limitations for this parameter are consistent with the secondary treatment standards for biochemically degradable wastes as defined in state regulations [401 KAR 5:045, Section 3]. These effluent limitations are also consistent with Kentucky’s Water Quality Standards [401 KAR 10:031, Section 4(1)(g)].

3.5.4. Ammonia and Dissolved Oxygen

The limitations for these parameters are WQBELs developed using the EPA's River and Stream Water Quality Model (QUAL 2E/K) [401 KAR 10:031, Section 4(1)(e) & (i)].

3.5.5. E. Coli

The limitations for this parameter are consistent with Kentucky's Water Quality Standards [401 KAR 10:031, Section 7].

3.5.6. pH

The limitations for this parameter are consistent Kentucky's Water Quality Standards [401 KAR 10:031, Section 4(1)(b) and Section 7].

3.5.7. Total Residual Chlorine

The limitations for this parameter are consistent with Kentucky's Water Quality Standards [401 KAR 10:031, Section 4(1)(k)].

DRAFT

SECTION 4
OTHER CONDITIONS

DRAFT

4. OTHER CONDITIONS

4.1. Schedule of Compliance

The permittee is required to comply with all effluent limitations by the effective date of the permit unless a compliance schedule is included with the permit. A schedule of compliance, if included with this permit, is consistent with the regulatory provisions for establishing a schedule of compliance [401 KAR 5:050, Section 4 and 40 CFR 122.47].

4.2. Antidegradation

The conditions of Kentucky's Antidegradation Policy have been satisfied [401 KAR 10:029, Section 1]. This permitting action is a reissuance of a KPDES permit that does not authorize an expanded discharge.

4.3. Standard Conditions

The conditions listed in the Standard Conditions Section of the permit are consistent with the conditions applicable to all permits [401 KAR 5:065, Section 2(1) – 40 CFR 122.41].

4.4. Sufficiently Sensitive Analytical Methods

Analytical methods utilized to demonstrate compliance with the effluent limitations established in this permit shall be sufficiently sensitive to detect pollutant levels at or below the required effluent limit [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(i)].

4.5. Certified Laboratory

All environmental analysis is to be performed by a certified laboratory is consistent with the certified wastewater laboratory requirements [401 KAR 5:320, Section 1].

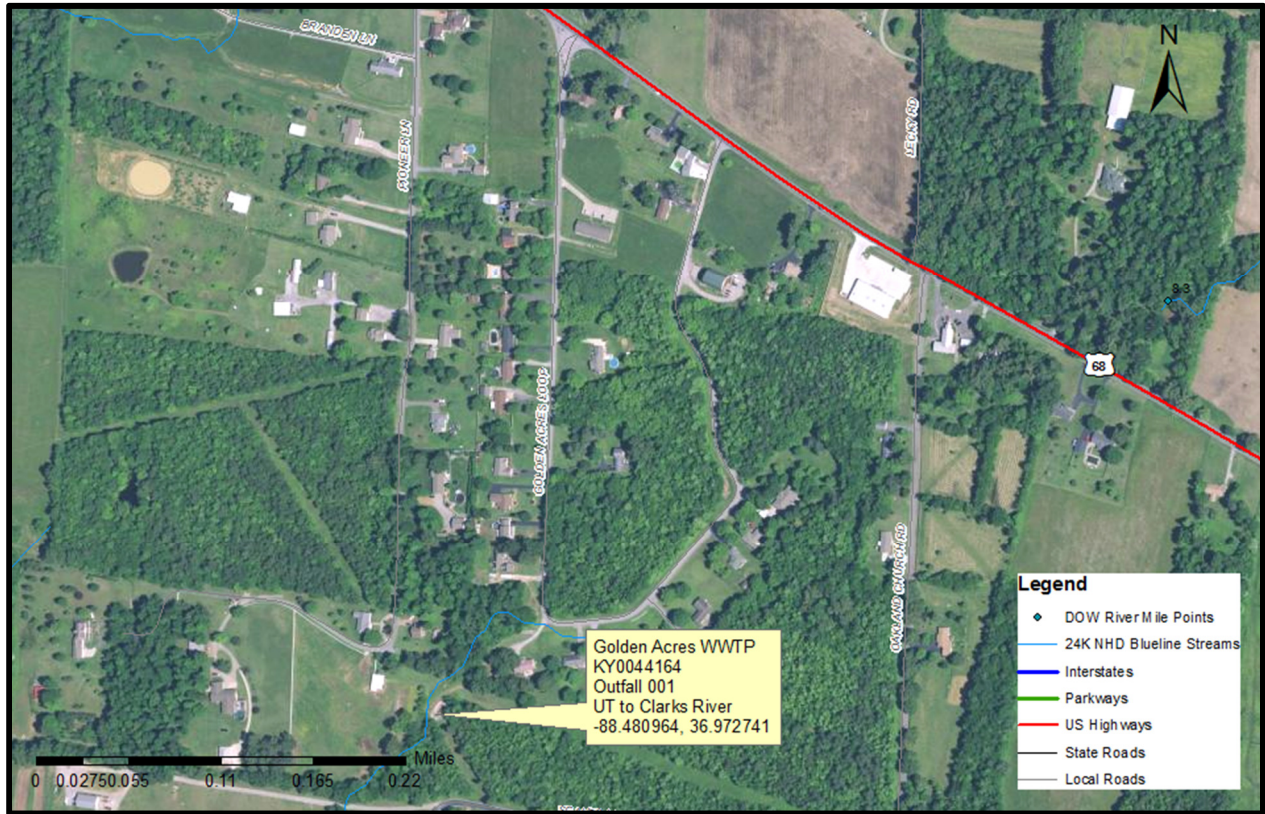
4.6. Connection to Regional Sewer System

In accordance with 401 KAR 5:005, Section 4 if a sewer system served by a regional facility becomes available, the WWTP shall be abandoned and the influent flow shall be diverted to the regional facility.

4.7. Certified Operators

Wastewater treatment plants and wastewater collection systems that accept wastewaters containing domestic sewage are to be operated by a certified operator [401 KAR 5:010].

4.8. Location Map



DRAFT

**KENTUCKY POLLUTANT
DISCHARGE ELIMINATION
SYSTEM****FACT SHEET****KPDES No.:** KY0045390**AI No.:** 1643

Airview Estates Subdivision WWTP
178 West Airview Drive
Elizabethtown, Hardin County, Kentucky

Date: November 25, 2019**Public Notice Information**

Public Notice Start Date: November 26, 2019

Comment Due Date: December 26, 2019

General information concerning the public notice process may be obtained on the Division of Water's Public Notice Webpage at the following address:

<https://eec.ky.gov/Environmental-Protection/Water/Pages/Water-Public-Notices-and-Hearings.aspx>.

Public Notice Comments

Comments must be received by the Division of Water no later than 4:30 PM on the closing date of the comment period. Comments may be submitted by e-mail at: DOWPublicNotice@ky.gov or written comments may be submitted to the Division of Water at 300 Sower Blvd, Frankfort, Kentucky 40601.

Reference Documents

A copy of this proposed fact sheet, proposed permit, the application, other supporting material and the current status of the application may be obtained from the Department for Environmental Protection's Pending Approvals Search Webpage:

http://dep.gateway.ky.gov/eSearch/Search_Pending_Approvals.aspx?Program=Wastewater&NumDaysDoc=30.

Open Records

Copies of publicly-available documents supporting this fact sheet and proposed permit may also be obtained from the Department for Environmental Protection Central Office. Information regarding these materials may be obtained from the Open Records Coordinator at (502) 782-6849 or by e-mail at EEC.KORA@ky.gov.

THIS KPDES FACT SHEET CONSISTS OF THE FOLLOWING SECTIONS:

1. FACILITY SYNOPSIS.....4

1.1. Name and Address of Applicant.....4

1.2. Facility Location.....4

1.3. Description of Applicant’s Operation.....4

1.4. Wastewaters Collected and Treatment4

1.5. Permitting Action4

2. RECEIVING / INTAKE WATERS.....6

2.1. Receiving Waters.....6

2.2. Intake Waters – Nearest Downstream Intake.....6

3. OUTFALL 0018

3.1. Outfall Description8

3.2. Reported Values.....8

3.3. Effluent Limitations and Monitoring Requirements9

3.4. Pertinent Factors.....10

3.5. Justification of Requirements.....10

4. OTHER CONDITIONS.....13

4.1. Schedule of Compliance.....13

4.2. Antidegradation13

4.3. Standard Conditions.....13

4.4. Sufficiently Sensitive Analytical Methods13

4.5. Certified Laboratory13

4.6. Connection to Regional Sewer System.....13

4.7. Certified Operators13

4.8. Location Map.....14

SECTION 1
FACILITY SYNOPSIS

DRAFT

1. FACILITY SYNOPSIS

1.1. Name and Address of Applicant

Bluegrass Water Utility Operating Company, LLC.
 500 Northwest Plaza Dr., Suite 500
 St. Ann, Missouri 63074

1.2. Facility Location

Airview Estates Subdivision WWTP
 178 West Airview Drive
 Elizabethtown, Hardin County, Kentucky

1.3. Description of Applicant’s Operation

The applicant operates a domestic wastewater treatment plant serving a subdivision.

1.4. Wastewaters Collected and Treatment

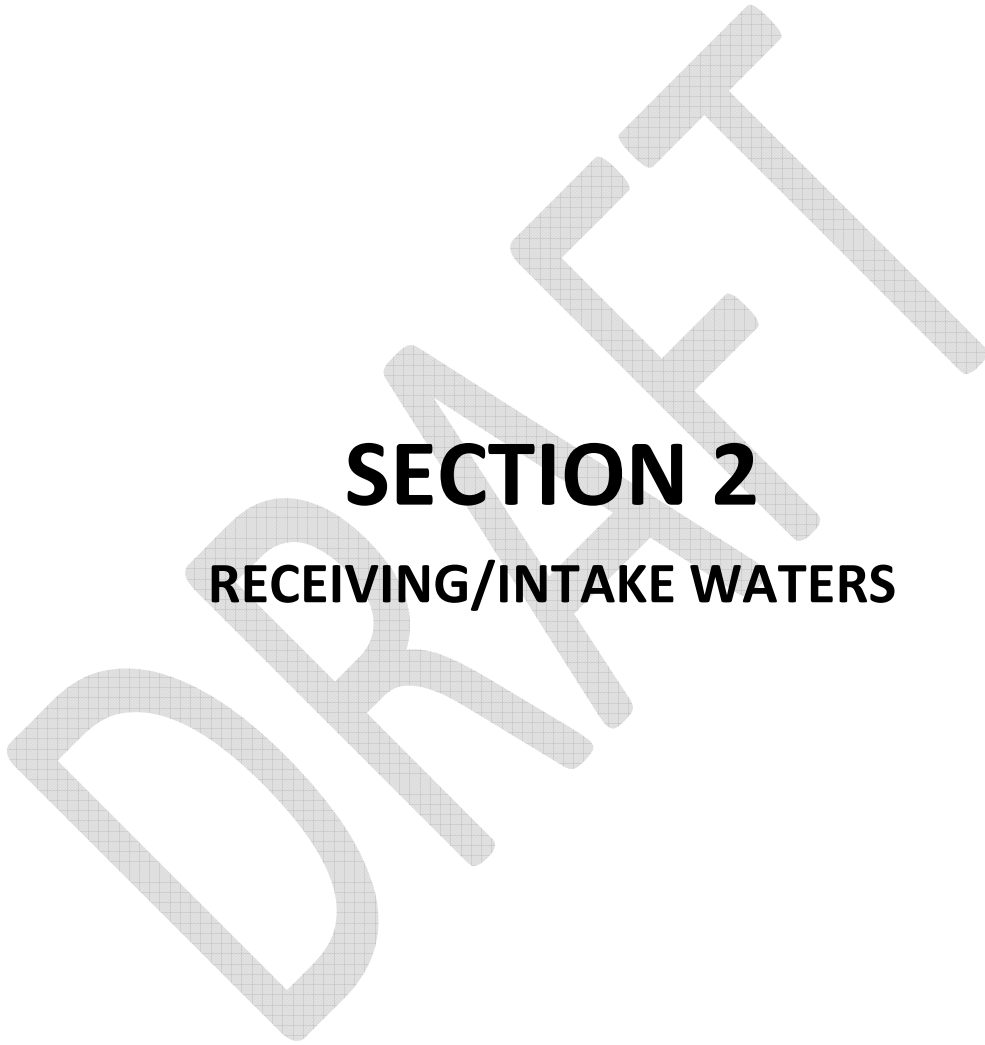
The following table lists the actual average flow reported, the facility’s approved long-term average design treatment capacity, the wastewater types collected, and the treatment type for each outfall:

TABLE 1.				
Outfall No.	Avg. Flow (MGD)	Design Capacity (MGD)	Wastewater Types Collected	Treatment Type
001	0.057	0.055	Domestic Sanitary	Screening Aeration Sedimentation Chlorine Disinfection Dechloriantion Discharge to Surface Water

1.5. Permitting Action

This is a reissuance of a minor KPDES permit for an existing domestic wastewater treatment plant [SIC Code 4952].

SECTION 2
RECEIVING/INTAKE WATERS



2. RECEIVING / INTAKE WATERS

2.1. Receiving Waters

All surface waters of the Commonwealth have been assigned stream use designations consisting of one or more of the following designations: Warmwater Aquatic Habitat (WAH), Primary Contact Recreation (PCR), Secondary Contact Recreation (SCR), Domestic Water Supply (DWS), Coldwater Aquatic Habitat (CAH) or Outstanding State Resource Water (OSRW)[401 KAR 10:026].

All surface waters of the Commonwealth are assigned one of the following antidegradation categories: Outstanding National Resource Water (ONRW), Exceptional Water (EW), Impaired Water (IW) or High Quality Water (HQ)[401 KAR 10:030].

Surface waters categorized as an IW are listed in Kentucky’s most recently approved Integrated Report to Congress on the Condition of Water Resources in Kentucky - Volume II. 303(d) List of Surface Waters.

The following table lists the stream use classifications associated with this permit.

TABLE 2.

Receiving Water Name	Use Designation	Antidegradation Category	7Q10 Low Flow (cfs)	Harmonic Mean Flow (cfs)
UT to Mill Creek Branch	WAH PCR SCR DWS	HQ	0.0	0.0

2.2. Intake Waters – Nearest Downstream Intake

TABLE 3.

Intake Water Name	Public Water Supply Name	Latitude (N) Decimal Degrees	Longitude (W) Decimal Degrees	Miles Downstream	7Q10 Low Flow (cfs)	Harmonic Mean Flow (cfs)
Ohio River	Evansville Water Utility, IN	37.957651°	87.574393°	189.5	12,900	60,900

SECTION 3
OUTFALL 001

DRAFT

3. OUTFALL 001

3.1. Outfall Description

The following table lists the outfall type, location, and description:

TABLE 4.				
Outfall Type	Latitude (N)	Longitude (W)	Receiving Water	Description of Outfall
External	37.758472°	85.891817°	UT to Mill Creek Branch	Domestic Wastewater

3.2. Reported Values

The following table summarizes the reported values for Outfall 001:

TABLE 5.							
Reported Parameters	Units	EFFLUENT					
		Loadings (lbs/day)		Concentrations			
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum
Flow	MGD	0.057	0.090 ¹	N/A	N/A	N/A	N/A
pH	SU	N/A	N/A	5.80	N/A	N/A	9.68
CBOD ₅ ²	mg/l	8.07	17.79	N/A	33.14	64.41	N/A
Total Suspended Solids	mg/l	8.67	21.10	N/A	35.57	81.47	N/A
Ammonia (as mg/l NH ₃ N)							
May 1 – October 31	mg/l	1.77	3.56	N/A	7.55	17.14 ¹	N/A
November 1 – April 30	mg/l	1.79	4.11	N/A	7.11	13.10 ¹	N/A
E. Coli ³	#/100 ml	N/A	N/A	N/A	15509 ⁴	49607 ⁵	N/A
Dissolved Oxygen	mg/l	N/A	N/A	1.88	N/A	N/A	N/A
Total Residual Chlorine	mg/l	N/A	N/A	N/A	1.10	1.84 ¹	N/A
¹ Daily Maximum							
² CBOD ₅ – Carbonaceous Biochemical Oxygen Demand, 5-day							
³ E. Coli – Escherichia Coli Bacteria							
⁴ Thirty (30) day Geometric Mean							
⁵ Seven (7) day Geometric Mean							

The above values are based off of 5-year DMR averages from 10/31/2014 to 09/30/2019.

3.3. Effluent Limitations and Monitoring Requirements

The following table summarizes the effluent limitations and monitoring requirements for Outfall 001:

TABLE 6.									
EFFLUENT LIMITATIONS								MONITORING REQUIREMENTS	
Effluent Characteristic	Units	Loadings (lbs/day)		Concentrations				Frequency	Sample Type
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum		
Flow	MGD	Report	Report ¹	N/A	N/A	N/A	N/A	1/Month	Instantaneous
pH	SU	N/A	N/A	6.0	N/A	N/A	9.0	1/Month	Grab
CBOD ₅ ²	mg/l	N/A	N/A	N/A	25.0	37.5	N/A	1/Month	Composite ³
Total Suspended Solids	mg/l	N/A	N/A	N/A	30	45	N/A	1/Month	Composite ³
Ammonia (as mg/l NH ₃ N)									
May 1 – October 31	mg/l	N/A	N/A	N/A	4.0	6.0 ¹	N/A	1/Month	Composite ³
November 1 – April 30	mg/l	N/A	N/A	N/A	10.0	15.0 ¹	N/A	1/Month	Composite ³
Dissolved Oxygen	mg/l	N/A	N/A	7.00	N/A	N/A	N/A	1/Month	Grab
E. Coli ⁴	#/100 ml	N/A	N/A	N/A	130 ⁵	240 ⁶	N/A	1/Month	Grab
Total Residual Chlorine	mg/l	N/A	N/A	N/A	0.011	0.019 ¹	N/A	1/Month	Grab
¹ Daily Maximum									
² CBOD ₅ – Carbonaceous Biochemical Oxygen Demand, 5-day									
³ A sample composed of four or more equal or flow-proportional aliquots collected over a period of no less than eight and no more than twenty-four hours and aggregated so that the aggregate sample reflects the average water quality of the effluent during the compositing or sample period									
⁴ E. Coli – Escherichia Coli Bacteria									
⁵ Thirty (30) day Geometric Mean									
⁶ Seven (7) day Geometric Mean									

3.4. Pertinent Factors

The effluent limitations for this outfall were developed in accordance with DOW’s General Procedures for Limitations Development located on DOW’s webpage at: <https://eec.ky.gov/Environmental-Protection/Forms%20Library/General%20Procedures%20for%20Limitations%20Development.pdf>.

3.4.1. Secondary Treatment Standards

Discharges of biochemically degradable wastes are subject to technology-based effluent limitations (TBELs) known as the Secondary Treatment Standards. Both state and federal regulations establish the requirements for secondary treatment. State regulations for secondary treatment only apply to non-POTWs [401 KAR 5:045].

TABLE 7. State Defined Secondary Treatment Standards		
Pollutant or Pollutant Characteristic	30-day average	7-day average
BOD ₅ (mg/l)	30	45
TSS (mg/l)	30	45

3.5. Justification of Requirements

Chapters 5 and 10 of Title 401 of the Kentucky Administrative Regulations (KARs), cited in the following, have been duly promulgated pursuant to the requirements of Chapter 224 of the Kentucky Revised Statutes.

At a minimum, all permits shall contain technology-based effluent limitations (TBELs) [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(a)]. When necessary to achieve water quality standards, all permits shall contain water quality-based effluent limitations (WQBELs) [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(d)]. Any WQBELs included in this permit are based upon the Kentucky Water Quality Standards (KYWQS) [401 KAR 10:031].

3.5.1. Flow

The monitoring requirements for this parameter are consistent with the KPDES permit program requirements for establishing effluent limitations, standards, and permit conditions [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(i)(1)(ii)] and requirements for recording and reporting of monitoring results [401 KAR 5:050, Section 4 – 40 CFR 122.48].

3.5.2. CBOD₅

The limitations for this parameter are consistent with the secondary treatment standards for biochemically degradable wastes as defined in state regulations [401 KAR 5:045, Section 3]. DOW found that it was necessary to impose WQBELs for this parameter in order to achieve water quality standards. [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(d)]. These effluent limitations are also consistent with Kentucky’s Water Quality Standards [401 KAR 10:031, Section 4(1)(e) & (i) respectively]. The EPA’s River and Stream Water Quality Model (QUAL 2E/K) was used to develop these limitations.

3.5.3. Total Suspended Solids

The limitations for this parameter are consistent with the secondary treatment standards for biochemically degradable wastes as defined in state regulations [401 KAR 5:045, Section 3]. These effluent limitations are also consistent with Kentucky’s Water Quality Standards [401 KAR 10:031, Section 4(1)(g)].

3.5.4. Ammonia and Dissolved Oxygen

The limitations for these parameters are WQBELs developed using the EPA's River and Stream Water Quality Model (QUAL 2E/K) [401 KAR 10:031, Section 4(1)(e) & (i)].

3.5.5. E. Coli

The limitations for this parameter are consistent with Kentucky's Water Quality Standards [401 KAR 10:031, Section 7].

3.5.6. pH

The limitations for this parameter are consistent Kentucky's Water Quality Standards [401 KAR 10:031, Section 4(1)(b) and Section 7].

3.5.7. Total Residual Chlorine

The limitations for this parameter are consistent with Kentucky's Water Quality Standards [401 KAR 10:031, Section 4(1)(k)].

DRAFT

SECTION 4
OTHER CONDITIONS

DRAFT

4. OTHER CONDITIONS

4.1. Schedule of Compliance

The permittee is required to comply with all effluent limitations by the effective date of the permit unless a compliance schedule is included with the permit. A schedule of compliance, if included with this permit, is consistent with the regulatory provisions for establishing a schedule of compliance [401 KAR 5:050, Section 4 and 40 CFR 122.47].

4.2. Antidegradation

The conditions of Kentucky's Antidegradation Policy have been satisfied [401 KAR 10:029, Section 1]. This permitting action is a reissuance of a KPDES permit that does not authorize an expanded discharge.

4.3. Standard Conditions

The conditions listed in the Standard Conditions Section of the permit are consistent with the conditions applicable to all permits [401 KAR 5:065, Section 2(1) – 40 CFR 122.41].

4.4. Sufficiently Sensitive Analytical Methods

Analytical methods utilized to demonstrate compliance with the effluent limitations established in this permit shall be sufficiently sensitive to detect pollutant levels at or below the required effluent limit [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(i)].

4.5. Certified Laboratory

All environmental analysis is to be performed by a certified laboratory is consistent with the certified wastewater laboratory requirements [401 KAR 5:320, Section 1].

4.6. Connection to Regional Sewer System

In accordance with 401 KAR 5:005, Section 4 if a sewer system served by a regional facility becomes available, the WWTP shall be abandoned and the influent flow shall be diverted to the regional facility.

4.7. Certified Operators

Wastewater treatment plants and wastewater collection systems that accept wastewaters containing domestic sewage are to be operated by a certified operator [401 KAR 5:010].

4.8. Location Map



**KENTUCKY POLLUTANT
DISCHARGE ELIMINATION
SYSTEM****FACT SHEET****KPDES No.:** KY0080845**AI No.:** 3041

Great Oaks Subdivision WWTP

5680 Majestic Oak Dr.

Paducah, McCracken County, Kentucky

Date: November 26, 2019**Public Notice Information**

Public Notice Start Date: November 27, 2019

Comment Due Date: December 27, 2019

General information concerning the public notice process may be obtained on the Division of Water's Public Notice Webpage at the following address: <http://water.ky.gov/Pages/PublicNotices.aspx>.

Public Notice Comments

Comments must be received by the Division of Water no later than 4:30 PM on the closing date of the comment period. Comments may be submitted by e-mail at: DOWPublicNotice@ky.gov or written comments may be submitted to the Division of Water at 300 Sower Blvd, Frankfort, Kentucky 40601.

Reference Documents

A copy of this proposed fact sheet, proposed permit, the application, other supporting material and the current status of the application may be obtained from the Department for Environmental Protection's Pending Approvals Search Webpage:

http://dep.gateway.ky.gov/eSearch/Search_Pending_Approvals.aspx?Program=Wastewater&NumDaysDoc=30.

Open Records

Copies of publicly-available documents supporting this fact sheet and proposed permit may also be obtained from the Department for Environmental Protection Central Office. Information regarding these materials may be obtained from the Open Records Coordinator at (502) 782-6849 or by e-mail at EEC.KORA@ky.gov.

THIS KPDES FACT SHEET CONSISTS OF THE FOLLOWING SECTIONS:

1. FACILITY SYNOPSIS.....	4
1.1. Name and Address of Applicant.....	4
1.2. Facility Location.....	4
1.3. Description of Applicant’s Operation.....	4
1.4. Wastewaters Collected and Treatment	4
1.5. Permitting Action	4
2. RECEIVING / INTAKE WATERS.....	6
2.1. Receiving Waters.....	6
2.2. Intake Waters – Nearest Downstream Intake.....	6
3. OUTFALL 001	8
3.1. Outfall Description	8
3.2. Reported Values.....	8
3.3. Effluent Limitations and Monitoring Requirements	9
3.4. Pertinent Factors.....	10
3.5. Justification of Requirements.....	10
4. OTHER CONDITIONS.....	13
4.1. Schedule of Compliance.....	13
4.2. Antidegradation	13
4.3. Standard Conditions.....	13
4.4. Sufficiently Sensitive Analytical Methods	13
4.5. Certified Laboratory	13
4.6. Connection to Regional Sewer System.....	13
4.7. Certified Operators	13
4.8. Location Map.....	14

SECTION 1
FACILITY SYNOPSIS

DRAFT

1. FACILITY SYNOPSIS

1.1. Name and Address of Applicant

Bluegrass Water Utility Operating Company, LLC.
 500 Northwest Plaza Dr., Suite 500
 St. Ann, MO 63074

1.2. Facility Location

Great Oaks Subdivision WWTP
 5680 Majestic Oak Dr.
 Paducah, McCracken County, Kentucky

1.3. Description of Applicant’s Operation

The applicant operates a domestic wastewater treatment plant serving a residential subdivision.

1.4. Wastewaters Collected and Treatment

The following table lists the actual average flow reported, the facility’s approved long-term average design treatment capacity, the wastewater types collected, and the treatment type for each outfall:

TABLE 1.				
Outfall No.	Avg. Flow (MGD)	Design Capacity (MGD)	Wastewater Types Collected	Treatment Type
001	0.035	0.070	Domestic (Sanitary) Wastewater	Activated sludge, Chlorine disinfection and Dechlorination

1.5. Permitting Action

This is a reissuance of a minor KPDES permit for an existing domestic wastewater treatment plant [SIC Code 4952].

SECTION 2
RECEIVING/INTAKE WATERS

2. RECEIVING / INTAKE WATERS

2.1. Receiving Waters

All surface waters of the Commonwealth have been assigned stream use designations consisting of one or more of the following designations: Warmwater Aquatic Habitat (WAH), Primary Contact Recreation (PCR), Secondary Contact Recreation (SCR), Domestic Water Supply (DWS), Coldwater Aquatic Habitat (CAH) or Outstanding State Resource Water (OSRW)[401 KAR 10:026].

All surface waters of the Commonwealth are assigned one of the following antidegradation categories: Outstanding National Resource Water (ONRW), Exceptional Water (EW), Impaired Water (IW) or High Quality Water (HQ)[401 KAR 10:030].

Surface waters categorized as an IW are listed in Kentucky’s most recently approved Integrated Report to Congress on the Condition of Water Resources in Kentucky - Volume II. 303(d) List of Surface Waters.

The following table lists the stream use classifications associated with this permit.

TABLE 2.

Receiving Water Name	Use Designation	Antidegradation Category	7Q10 Low Flow (cfs)	Harmonic Mean Flow (cfs)
Blizzard Pond Drainage Canal	WAH, PCR, SCR, DWS	HQ	0.0	0.0

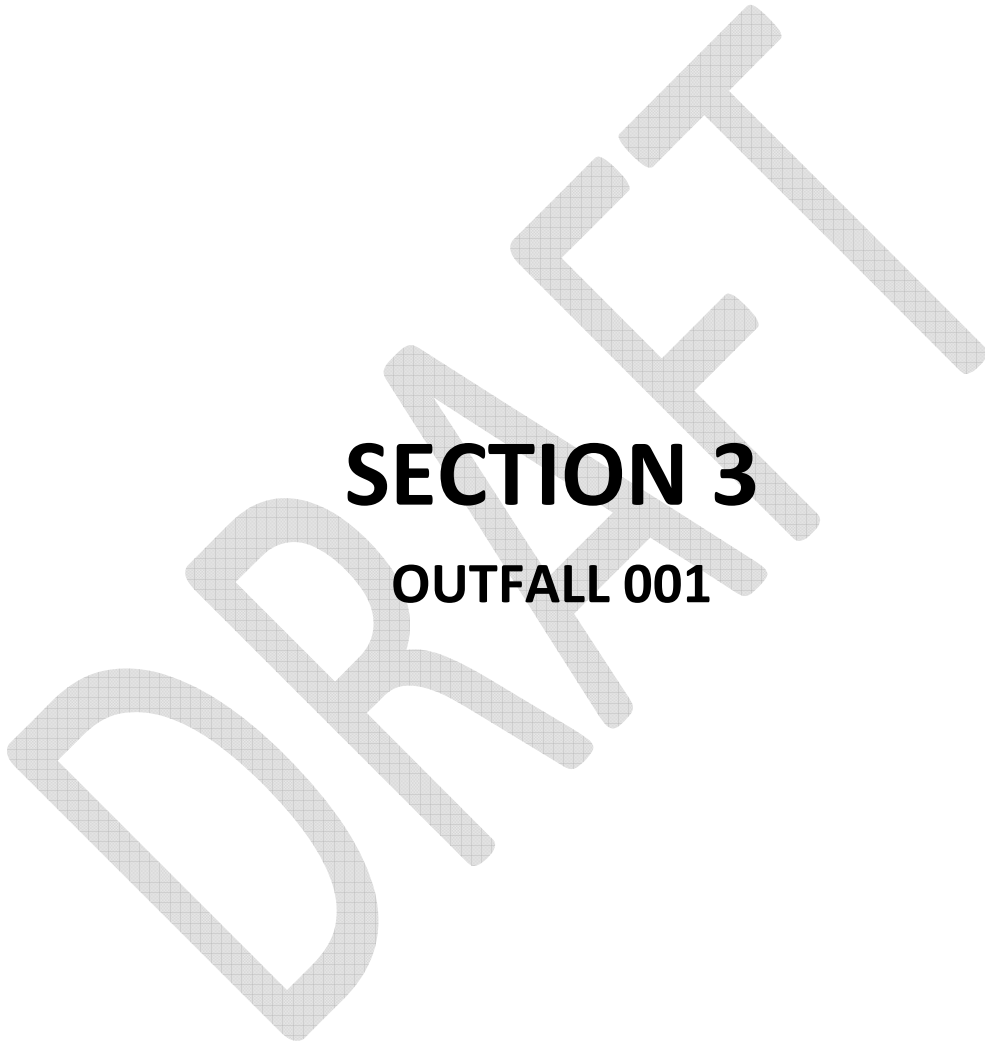
2.2. Intake Waters – Nearest Downstream Intake

TABLE 3.

Intake Water Name	Public Water Supply Name	Latitude (N) Decimal Degrees	Longitude (W) Decimal Degrees	Miles Downstream	7Q10 Low Flow (cfs)	Harmonic Mean Flow (cfs)
Ohio River	Paducah Water Works/Paducah WTP	37.099114°	88.607375°	25.3	51,000	175,000

SECTION 3

OUTFALL 001



3. OUTFALL 001

3.1. Outfall Description

The following table lists the outfall type, location, and description:

TABLE 4.				
Outfall Type	Latitude (N)	Longitude (W)	Receiving Water	Description of Outfall
External	36.986278°	88.638003°	Blizzard Pond Drainage Canal	Domestic Wastewater

3.2. Reported Values

The following table summarizes the reported values for Outfall 001:

TABLE 5.							
Reported Parameters	Units	EFFLUENT					
		Loadings (lbs/day)		Concentrations			
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum
Flow	MGD	0.035	0.035 ¹	N/A	N/A	N/A	N/A
pH	SU	N/A	N/A	6.40	N/A	N/A	8.30
CBOD ₅ ²	mg/l	N/A	N/A	N/A	9.81	9.81	N/A
Total Suspended Solids	mg/l	N/A	N/A	N/A	9.13	9.13	N/A
Ammonia (as mg/l NH ₃ N)							
May 1 – October 31	mg/l	N/A	N/A	N/A	4.09	4.09 ¹	N/A
November 1 – April 30	mg/l	N/A	N/A	N/A	3.37	3.37 ¹	N/A
E. Coli ³	#/100 ml	N/A	N/A	N/A	236.60 ⁴	236.60 ⁵	N/A
Dissolved Oxygen	mg/l	N/A	N/A	7.0	N/A	N/A	N/A
Total Residual Chlorine	mg/l	N/A	N/A	N/A	0.06	0.06 ¹	N/A
¹ Daily Maximum							
² CBOD ₅ – Carbonaceous Biochemical Oxygen Demand, 5-day							
³ E. Coli – Escherichia Coli Bacteria							
⁴ Thirty (30) day Geometric Mean							
⁵ Seven (7) day Geometric Mean							

The above values are based off of 5-year DMR averages from 10/31/14 to 09/30/19.

3.3. Effluent Limitations and Monitoring Requirements

The following table summarizes the effluent limitations and monitoring requirements for Outfall 001:

TABLE 6.									
EFFLUENT LIMITATIONS								MONITORING REQUIREMENTS	
Effluent Characteristic	Units	Loadings (lbs/day)		Concentrations				Frequency	Sample Type
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum		
Flow	MGD	Report	Report ¹	N/A	N/A	N/A	N/A	1/Month	Instantaneous
pH	SU	N/A	N/A	6.0	N/A	N/A	9.0	1/Month	Grab
CBOD ₅ ²	mg/l	N/A	N/A	N/A	10	15	N/A	1/Month	Composite ³
Total Suspended Solids	mg/l	N/A	N/A	N/A	30	45	N/A	1/Month	Composite ³
Ammonia (as mg/l NH ₃ N)									
May 1 – October 31	mg/l	N/A	N/A	N/A	4.0	6.0 ¹	N/A	1/Month	Composite ³
November 1 – April 30	mg/l	N/A	N/A	N/A	10	15 ¹	N/A	1/Month	Composite ³
Dissolved Oxygen	mg/l	N/A	N/A	7.0	N/A	N/A	N/A	1/Month	Grab
E. Coli ⁴	#/100 ml	N/A	N/A	N/A	130 ⁵	240 ⁶	N/A	1/Month	Grab
Total Residual Chlorine	mg/l	N/A	N/A	N/A	0.011	0.019 ¹	N/A	1/Month	Grab
¹ Daily Maximum									
² CBOD ₅ – Carbonaceous Biochemical Oxygen Demand, 5-day									
³ A sample composed of four or more equal or flow-proportional aliquots collected over a period of no less than eight and no more than twenty-four hours and aggregated so that the aggregate sample reflects the average water quality of the effluent during the compositing or sample period									
⁴ E. Coli – Escherichia Coli Bacteria									
⁵ Thirty (30) day Geometric Mean									
⁶ Seven (7) day Geometric Mean									

3.4. Pertinent Factors

The effluent limitations for this outfall were developed in accordance with DOW’s General Procedures for Limitations Development located on DOW’s webpage at:

<http://dep.ky.gov/formslibrary/Documents/General%20Procedures%20for%20Limitations%20Development.pdf>

3.4.1. Secondary Treatment Standards

Discharges of biochemically degradable wastes are subject to technology-based effluent limitations (TBELs) known as the Secondary Treatment Standards. Both state and federal regulations establish the requirements for secondary treatment. State regulations for secondary treatment only apply to non-POTWs [401 KAR 5:045].

TABLE 7.		
State Defined Secondary Treatment Standards		
Pollutant or Pollutant Characteristic	30-day average	7-day average
BOD ₅ (mg/l)	30	45
TSS (mg/l)	30	45

3.5. Justification of Requirements

Chapters 5 and 10 of Title 401 of the Kentucky Administrative Regulations (KARs), cited in the following, have been duly promulgated pursuant to the requirements of Chapter 224 of the Kentucky Revised Statutes.

At a minimum, all permits shall contain technology-based effluent limitations (TBELs) [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(a)]. When necessary to achieve water quality standards, all permits shall contain water quality-based effluent limitations (WQBELs) [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(d)]. Any WQBELs included in this permit are based upon the Kentucky Water Quality Standards (KYWQS) [401 KAR 10:031].

3.5.1. Flow

The monitoring requirements for this parameter are consistent with the KPDES permit program requirements for establishing effluent limitations, standards, and permit conditions [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(i)(1)(ii)] and requirements for recording and reporting of monitoring results [401 KAR 5:050, Section 4 – 40 CFR 122.48].

3.5.2. CBOD₅

The limitations for this parameter are consistent with the secondary treatment standards for biochemically degradable wastes as defined in state regulations [401 KAR 5:045, Section 3]. DOW found that it was necessary to impose WQBELs for this parameter in order to achieve water quality standards. [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(d)]. These effluent limitations are also consistent with Kentucky’s Water Quality Standards [401 KAR 10:031, Section 4(1)(e) & (i) respectively]. The EPA’s River and Stream Water Quality Model (QUAL 2E/K) was used to develop these limitations.

3.5.3. Total Suspended Solids

The limitations for this parameter are consistent with the secondary treatment standards for biochemically degradable wastes as defined in state regulations [401 KAR 5:045, Section 3]. These effluent limitations are also consistent with Kentucky’s Water Quality Standards [401 KAR 10:031, Section 4(1)(g)].

3.5.4. Ammonia and Dissolved Oxygen

The limitations for these parameters are WQBELs developed using the EPA's River and Stream Water Quality Model (QUAL 2E/K) [401 KAR 10:031, Section 4(1)(e) & (i)].

3.5.5. E. Coli

The limitations for this parameter are consistent with Kentucky's Water Quality Standards [401 KAR 10:031, Section 7].

3.5.6. pH

The limitations for this parameter are consistent Kentucky's Water Quality Standards [401 KAR 10:031, Section 4(1)(b) and Section 7].

3.5.7. Total Residual Chlorine

The limitations for this parameter are consistent with Kentucky's Water Quality Standards [401 KAR 10:031, Section 4(1)(k)].

DRAFT

SECTION 4
OTHER CONDITIONS

DRAFT

4. OTHER CONDITIONS

4.1. Schedule of Compliance

The permittee is required to comply with all effluent limitations by the effective date of the permit unless a compliance schedule is included with the permit. A schedule of compliance, if included with this permit, is consistent with the regulatory provisions for establishing a schedule of compliance [401 KAR 5:050, Section 4 and 40 CFR 122.47].

4.2. Antidegradation

The conditions of Kentucky's Antidegradation Policy have been satisfied [401 KAR 10:029, Section 1]. This permitting action is a reissuance of a KPDES permit that does not authorize an expanded discharge.

4.3. Standard Conditions

The conditions listed in the Standard Conditions Section of the permit are consistent with the conditions applicable to all permits [401 KAR 5:065, Section 2(1) – 40 CFR 122.41].

4.4. Sufficiently Sensitive Analytical Methods

Analytical methods utilized to demonstrate compliance with the effluent limitations established in this permit shall be sufficiently sensitive to detect pollutant levels at or below the required effluent limit [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(i)].

4.5. Certified Laboratory

All environmental analysis is to be performed by a certified laboratory is consistent with the certified wastewater laboratory requirements [401 KAR 5:320, Section 1].

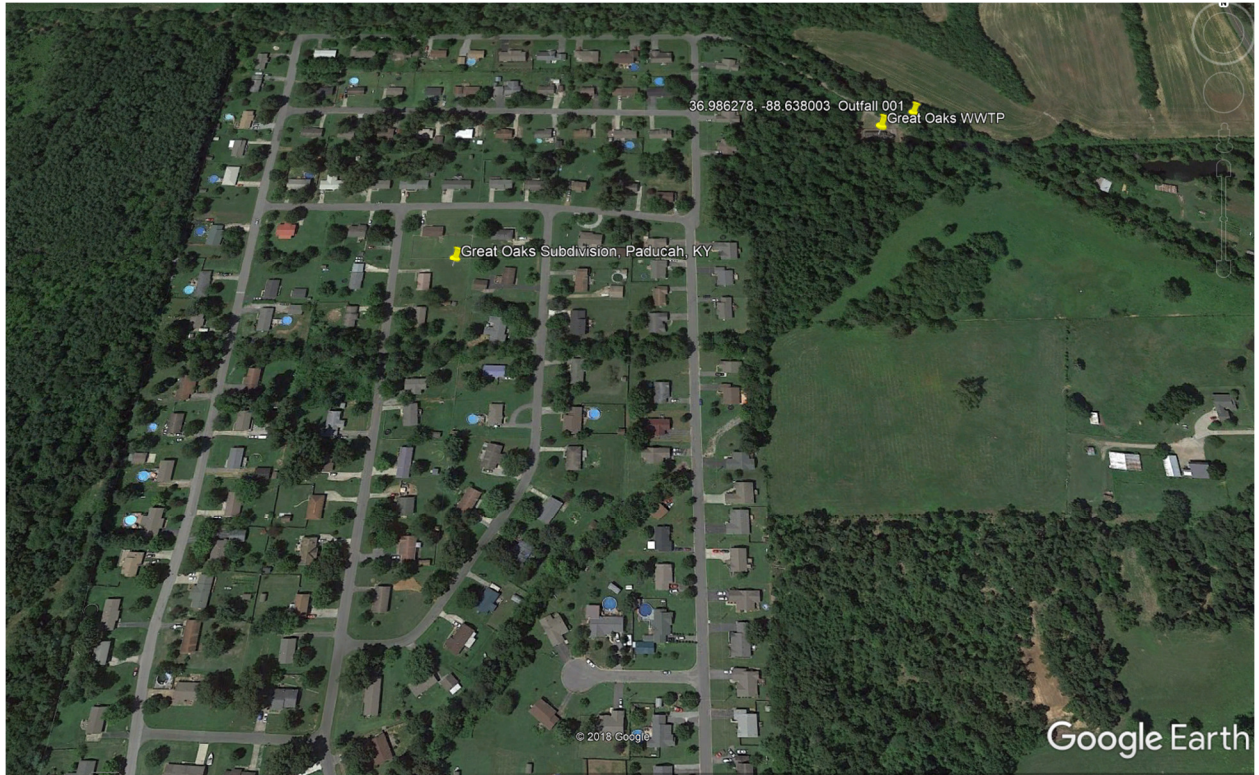
4.6. Connection to Regional Sewer System

In accordance with 401 KAR 5:005, Section 4 if a sewer system served by a regional facility becomes available, the WWTP shall be abandoned and the influent flow shall be diverted to the regional facility.

4.7. Certified Operators

Wastewater treatment plants and wastewater collection systems that accept wastewaters containing domestic sewage are to be operated by a certified operator [401 KAR 5:010].

4.8. Location Map



**KENTUCKY POLLUTANT
DISCHARGE ELIMINATION
SYSTEM****FACT SHEET****KPDES No.:** KY0083755**AI No.:** 3070

Timberland Wastewater Facility
Timberland Drive
Paducah, McCracken County, Kentucky

Date: April 21, 2021**Public Notice Information**

Public Notice Start Date: April 22, 2021

Comment Due Date: May 22, 2021

General information concerning the public notice process may be obtained on the Division of Water's Public Notice Webpage at the following address:

<https://eec.ky.gov/Environmental-Protection/Water/Pages/Water-Public-Notices-and-Hearings.aspx>.

Public Notice Comments

Comments must be received by the Division of Water no later than 4:30 PM on the closing date of the comment period. Comments may be submitted by e-mail at: DOWPublicNotice@ky.gov or written comments may be submitted to the Division of Water at 300 Sower Blvd, Frankfort, Kentucky 40601.

Reference Documents

A copy of this proposed fact sheet, proposed permit, the application, other supporting material and the current status of the application may be obtained from the Department for Environmental Protection's Pending Approvals Search Webpage:

http://dep.gateway.ky.gov/eSearch/Search_Pending_Approvals.aspx?Program=Wastewater&NumDaysDoc=30.

Open Records

Copies of publicly-available documents supporting this fact sheet and proposed permit may also be obtained from the Department for Environmental Protection Central Office. Information regarding these materials may be obtained from the Open Records Coordinator at (502) 782-6849 or by e-mail at EEC.KORA@ky.gov.

THIS KPDES FACT SHEET CONSISTS OF THE FOLLOWING SECTIONS:

1. FACILITY SYNOPSIS.....4

1.1. Name and Address of Applicant.....4

1.2. Facility Location.....4

1.3. Description of Applicant’s Operation.....4

1.4. Wastewaters Collected and Treatment4

1.5. Permitting Action4

2. RECEIVING / INTAKE WATERS.....6

2.1. Receiving Waters.....6

2.2. Intake Waters – Nearest Downstream Intake.....6

3. OUTFALL 0018

3.1. Outfall Description8

3.2. Reported Values.....8

3.3. Effluent Limitations and Monitoring Requirements9

3.4. Pertinent Factors.....10

3.5. Justification of Requirements.....10

4. OTHER CONDITIONS.....13

4.1. Schedule of Compliance.....13

4.2. Antidegradation13

4.3. Standard Conditions.....13

4.4. Sufficiently Sensitive Analytical Methods13

4.5. Certified Laboratory13

4.6. Connection to Regional Sewer System.....13

4.7. Certified Operators13

4.8. Location Map.....14

SECTION 1
FACILITY SYNOPSIS

1. FACILITY SYNOPSIS

1.1. Name and Address of Applicant

Bluegrass Water Utility Operating Company
 1650 Des Peres Rd. Suite 303
 St. Louis, MO 63131

1.2. Facility Location

Timberland Wastewater Facility
 Timberland Drive
 Paducah, McCracken County, Kentucky

1.3. Description of Applicant’s Operation

The applicant operates a domestic wastewater treatment plant serving a subdivision.

1.4. Wastewaters Collected and Treatment

The following table lists the actual average flow reported, the facility’s approved long-term average design treatment capacity, the wastewater types collected, and the treatment type for each outfall:

TABLE 1.				
Outfall No.	Avg. Flow (MGD)	Design Capacity (MGD)	Wastewater Types Collected	Treatment Type
001	0.01	0.025	Domestic Sanitary Wastewater	Equalization Rotating Biological Contactors Sedimentation Chlorine Disinfection Dechlorination Post Aeration Aerobic Digestion 1 Cell Lagoon Discharge to Surface Water

1.5. Permitting Action

This is a modification of a minor KPDES permit for an existing domestic wastewater treatment plant [SIC Code 4952].

This modification takes into account the upgrading of the package treatment plant with NO change in design capacity.

SECTION 2
RECEIVING/INTAKE WATERS

2. RECEIVING / INTAKE WATERS

2.1. Receiving Waters

All surface waters of the Commonwealth have been assigned stream use designations consisting of one or more of the following designations: Warmwater Aquatic Habitat (WAH), Primary Contact Recreation (PCR), Secondary Contact Recreation (SCR), Domestic Water Supply (DWS), Coldwater Aquatic Habitat (CAH) or Outstanding State Resource Water (OSRW)[401 KAR 10:026].

All surface waters of the Commonwealth are assigned one of the following antidegradation categories: Outstanding National Resource Water (ONRW), Exceptional Water (EW), Impaired Water (IW) or High Quality Water (HQ)[401 KAR 10:030].

Surface waters categorized as an IW are listed for non-support of uses in Kentucky’s most recently approved *Integrated Report to Congress on the Condition of Water Resources in Kentucky*. The 305 (b) List identifies stream segments that do not support their use designation. However, Outstanding State Resource Waters, Exceptional Waters, and waters found only as mercury or methylmercury impaired for fish consumption shall not be categorized as impaired *for antidegradation purposes*[401 KAR 10:030].

The following table lists the stream use classifications and antidegradation category associated with this permit.

TABLE 2.

Receiving Water Name	Use Designation	Antidegradation Category	7Q10 Low Flow (cfs)	Harmonic Mean Flow (cfs)
West Fork Massac Creek	WAH, PCR, SCR, DWS	HQ	0.0	1.5

2.2. Intake Waters – Nearest Downstream Intake

TABLE 3.

Intake Water Name	Public Water Supply Name	Latitude (N) Decimal Degrees	Longitude (W) Decimal Degrees	Miles Downstream	7Q10 Low Flow (cfs)	Harmonic Mean Flow (cfs)
Ohio River	Cairo, IL	37.02112°	89.17889°	44.2	51,000	175,000

SECTION 3

OUTFALL 001

3. OUTFALL 001

3.1. Outfall Description

The following table lists the outfall type, location, and description:

TABLE 4.				
Outfall Type	Latitude (N)	Longitude (W)	Receiving Water	Description of Outfall
External	37.07917°	88.78111°	West Fork Massac Creek	Domestic Wastewater

3.2. Reported Values

The following table summarizes the reported values for Outfall 001:

TABLE 5.							
Reported Parameters	Units	EFFLUENT					
		Loadings (lbs/day)		Concentrations			
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum
Flow	MGD	0.01	0.01 ¹	N/A	N/A	N/A	N/A
pH	SU	N/A	N/A	6.70	N/A	N/A	7.79
CBOD ₅ ²	mg/l	N/A	N/A	N/A	6.59	6.70	N/A
Total Suspended Solids	mg/l	N/A	N/A	N/A	10.05	10.36	N/A
Nitrogen, Ammonia total [as N]							
May 1 – October 31	mg/l	N/A	N/A	N/A	4.82	4.84 ¹	N/A
November 1 – April 30	mg/l	N/A	N/A	N/A	1.99	1.99 ¹	N/A
Dissolved Oxygen	mg/l	N/A	N/A	6.02	N/A	N/A	N/A
E. coli ³	#/100 ml	N/A	N/A	N/A	11445.14 ⁴	11445.38 ⁵	N/A
Total Residual Chlorine	mg/l	N/A	N/A	N/A	1.25	1.37 ¹	N/A
¹ Daily Maximum							
² CBOD ₅ – Carbonaceous Biochemical Oxygen Demand, 5-day							
³ E. coli – <i>Escherichia coli</i> Bacteria							
⁴ Thirty (30) day Geometric Mean							
⁵ Seven (7) day Geometric Mean							

The above values are based upon 5-year DMR averages from 02/29/16 to 02/28/21.

3.3. Effluent Limitations and Monitoring Requirements

The following table summarizes the effluent limitations and monitoring requirements for Outfall 001:

TABLE 6.									
EFFLUENT LIMITATIONS								MONITORING REQUIREMENTS	
Effluent Characteristic	Units	Loadings (lbs/day)		Concentrations				Frequency	Sample Type
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum		
Flow	MGD	Report	Report ¹	N/A	N/A	N/A	N/A	1/Month	Instantaneous
pH	SU	N/A	N/A	6.0	N/A	N/A	9.0	1/Month	Grab
CBOD ₅ ²	mg/l	N/A	N/A	N/A	10	15	N/A	1/Month	Composite ³
Total Suspended Solids	mg/l	N/A	N/A	N/A	30	45	N/A	1/Month	Composite ³
Nitrogen, Ammonia total [as N]									
May 1 – October 31	mg/l	N/A	N/A	N/A	2.0	3.0 ¹	N/A	1/Month	Composite ³
November 1 – April 30	mg/l	N/A	N/A	N/A	9.0	13.5 ¹	N/A	1/Month	Composite ³
Dissolved Oxygen	mg/l	N/A	N/A	7.0	N/A	N/A	N/A	1/Month	Grab
E. coli ⁴	#/100 ml	N/A	N/A	N/A	130 ⁵	240 ⁶	N/A	1/Month	Grab
Total Residual Chlorine	mg/l	N/A	N/A	N/A	0.011	0.019 ¹	N/A	1/Month	Grab
¹ Daily Maximum									
² CBOD ₅ – Carbonaceous Biochemical Oxygen Demand, 5-day									
³ A sample composed of four or more equal or flow-proportional aliquots collected over a period of no less than eight and no more than twenty-four hours and aggregated so that the aggregate sample reflects the average water quality of the effluent during the compositing or sample period									
⁴ E. coli – <i>Escherichia coli</i> Bacteria									
⁵ Thirty (30) day Geometric Mean									
⁶ Seven (7) day Geometric Mean									

3.4. Pertinent Factors

The effluent limitations for this outfall were developed in accordance with DOW’s General Procedures for Limitations Development located on DOW’s webpage at: <https://eec.ky.gov/Environmental-Protection/Forms%20Library/General%20Procedures%20for%20Limitations%20Development.pdf>.

3.4.1. Secondary Treatment Standards

Discharges of biochemically degradable wastes are subject to technology-based effluent limitations (TBELs) known as the Secondary Treatment Standards. Both state and federal regulations establish the requirements for secondary treatment. State regulations for secondary treatment only apply to non-POTWs [401 KAR 5:045].

TABLE 7.		
State Defined Secondary Treatment Standards		
Pollutant or Pollutant Characteristic	30-day average	7-day average
BOD ₅ (mg/l)	30	45
TSS (mg/l)	30	45

3.5. Justification of Requirements

Chapters 5 and 10 of Title 401 of the Kentucky Administrative Regulations (KARs), cited in the following, have been duly promulgated pursuant to the requirements of Chapter 224 of the Kentucky Revised Statutes.

At a minimum, all permits shall contain technology-based effluent limitations (TBELs) [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(a)]. When necessary to achieve water quality standards, all permits shall contain water quality-based effluent limitations (WQBELs) [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(d)]. Any WQBELs included in this permit are based upon the Kentucky Water Quality Standards (KYWQS) [401 KAR 10:031].

3.5.1. Flow

The monitoring requirements for this parameter are consistent with the KPDES permit program requirements for establishing effluent limitations, standards, and permit conditions [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(i)(1)(ii)] and requirements for recording and reporting of monitoring results [401 KAR 5:050, Section 4 – 40 CFR 122.48].

3.5.2. CBOD₅

The limitations for this parameter are consistent with the secondary treatment standards for biochemically degradable wastes as defined in state regulations [401 KAR 5:045, Section 3]. DOW found that it was necessary to impose WQBELs for this parameter in order to achieve water quality standards. [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(d)]. These effluent limitations are also consistent with Kentucky’s Water Quality Standards [401 KAR 10:031, Section 4(1)(e) & (i) respectively]. The EPA’s River and Stream Water Quality Model (QUAL 2E/K) was used to develop these limitations.

3.5.3. Total Suspended Solids

The limitations for this parameter are consistent with the secondary treatment standards for biochemically degradable wastes as defined in state regulations [401 KAR 5:045, Section 3]. These effluent limitations are also consistent with Kentucky’s Water Quality Standards [401 KAR 10:031, Section 4(1)(g)].

3.5.4. Ammonia and Dissolved Oxygen

The limitations for these parameters are WQBELs developed using the EPA's River and Stream Water Quality Model (QUAL 2E/K) [401 KAR 10:031, Section 4(1)(e) & (i)].

3.5.5. E. coli

The limitations for this parameter are consistent with Kentucky's Water Quality Standards [401 KAR 10:031, Section 7].

3.5.6. pH

The limitations for this parameter are consistent with Kentucky's Water Quality Standards [401 KAR 10:031, Section 4(1)(b) and Section 7].

3.5.7. Total Residual Chlorine

The limitations for this parameter are consistent with Kentucky's Water Quality Standards [401 KAR 10:031, Section 4(1)(k)].

DRAFT

SECTION 4
OTHER CONDITIONS

4. OTHER CONDITIONS

4.1. Schedule of Compliance

The permittee is required to comply with all effluent limitations by the effective date of the permit unless a compliance schedule is included with the permit. A schedule of compliance, if included with this permit, is consistent with the regulatory provisions for establishing a schedule of compliance [401 KAR 5:050, Section 3--40 CFR 122.47].

4.2. Antidegradation

The conditions of Kentucky's Antidegradation Policy have been satisfied [401 KAR 10:029, Section 1]. This permitting action is a reissuance of a KPDES permit that does not authorize an expanded discharge.

4.3. Standard Conditions

The conditions listed in the Standard Conditions Section of the permit are consistent with the conditions applicable to all permits [401 KAR 5:065, Section 2(1) – 40 CFR 122.41].

4.4. Sufficiently Sensitive Analytical Methods

Analytical methods utilized to demonstrate compliance with the effluent limitations established in this permit shall be sufficiently sensitive to detect pollutant levels at or below the required effluent limit [401 KAR 5:065, Section 2(4) – 40 CFR 122.44(i)].

4.5. Certified Laboratory

All environmental analysis is to be performed by a certified laboratory is consistent with the certified wastewater laboratory requirements [401 KAR 5:320, Section 1].

4.6. Connection to Regional Sewer System

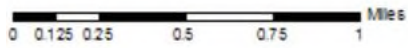
In accordance with 401 KAR 5:005, Section 4 if a sewer system served by a regional facility becomes available, the WWTP shall be abandoned and the influent flow shall be diverted to the regional facility.

4.7. Certified Operators

Wastewater treatment plants and wastewater collection systems that accept wastewaters containing domestic sewage are to be operated by a certified operator [401 KAR 5:010].

4.8. Location Map

Timberland Subdivision WWTP



This data is distributed by the Commonwealth of Kentucky, Division of Geographic Information (DGI), located in Frankfort, KY. The data are available at <http://kygeoinf.ky.gov>

Timberland Subdivision WWTP

- County Boundary Lines
- Water Treatment Plants
- ▲ WWTP Outfalls
- Sewer Lines
- Package Treatment Plants

Prepared by
Matthew Fields, KY Division of Water
Date: 04/19/21



Draft

KPDES



**KENTUCKY POLLUTANT
DISCHARGE ELIMINATION
SYSTEM**

PERMIT

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

PERMIT NO.: KY0044164

AGENCY INTEREST NO.: 2935

Pursuant to Authority in KRS 224,

Bluegrass Water Utility Operating Company, LLC
500 Northwest Plaza Drive, Suite 500
St. Ann, Missouri 63074

is authorized to discharge from a facility located at

Golden Acres WWTP
U.S. Highway 68 Golden Acres Loop
Calvert City, Marshall County, Kentucky

to receiving waters named

UT to Clarks River

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

This permit shall become effective on

This permit and the authorization to discharge shall expire at midnight,

{Signature}

Date Signed

Paul Miller, P.E.
Director, Division of Water

THIS KPDES PERMIT CONSISTS OF THE FOLLOWING SECTIONS:

1. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS.....4

1.1. Compliance Monitoring Locations (Outfalls) 4

1.2. Effluent Limitations and Monitoring Requirements 4

1.3. Standard Effluent Requirements 5

2. STANDARD CONDITIONS.....7

2.1. Duty to Comply 7

2.2. Duty to Reapply..... 7

2.3. Need to Halt or Reduce Activity Not a Defense..... 7

2.4. Duty to Mitigate..... 7

2.5. Proper Operation and Maintenance..... 7

2.6. Permit Actions..... 7

2.7. Property Rights 7

2.8. Duty to Provide Information 7

2.9. Inspection and Entry 8

2.10. Monitoring and Records 8

2.11. Signatory Requirement..... 9

2.12. Reporting Requirements..... 9

2.13. Bypass 10

2.14. Upset..... 11

3. OTHER CONDITIONS14

3.1. Schedule of Compliance..... 14

3.2. Other Permits..... 14

3.3. Continuation of Expiring Permit..... 14

3.4. Antidegradation 14

3.5. Reopener Clause 14

3.6. Connection to Regional Sewer System 14

3.7. Certified Operators 14

3.8. Outfall Signage 14

4. MONITORING AND REPORTING REQUIREMENTS16

4.1. KPDES Outfalls..... 16

4.2. Sufficiently Sensitive Analytical Methods 16

4.3. Certified Laboratory Requirements 16

4.4. Submission of DMRs 16

SECTION 1
EFFLUENT LIMITATIONS AND MONITORING
REQUIREMENTS

1. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1.1. Compliance Monitoring Locations (Outfalls)

The following table lists the outfalls authorized by this permit, the latitude and longitude of each and the DOW assigned KPDES outfall number:

TABLE 1.					
Outfall No.	Outfall Type	Latitude (N)	Longitude (W)	Receiving Water	Description of Outfall
001	External	36.972741°	88.480964°	UT to Clarks River	Domestic Wastewater

1.2. Effluent Limitations and Monitoring Requirements

Beginning on the effective date and lasting through the term of this permit, discharges from Outfall 001 shall comply with the following effluent limitations:

TABLE 2.								MONITORING REQUIREMENTS	
EFFLUENT LIMITATIONS								Frequency	Sample Type
Effluent Characteristic	Units	Loadings (lbs/day)		Concentrations					
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum		
Flow	MGD	Report	Report ¹	N/A	N/A	N/A	N/A	1/Quarter	Instantaneous
pH	SU	N/A	N/A	6.0	N/A	N/A	9.0	1/Quarter	Grab
CBOD ₅ ²	mg/l	N/A	N/A	N/A	25	37.5	N/A	1/Quarter	Composite ³
Total Suspended Solids	mg/l	N/A	N/A	N/A	30	45	N/A	1/Quarter	Composite ³
Ammonia (as mg/l NH ₃ N)									
May 1 – October 31	mg/l	N/A	N/A	N/A	4.0	6.0 ¹	N/A	1/Quarter	Composite ³
November 1 – April 30	mg/l	N/A	N/A	N/A	10	15 ¹	N/A	1/Quarter	Composite ³
Dissolved Oxygen	mg/l	N/A	N/A	7.0	N/A	N/A	N/A	1/Quarter	Grab
E. Coli ⁴	#/100 ml	N/A	N/A	N/A	130 ⁵	240 ⁶	N/A	1/Quarter	Grab
Total Residual Chlorine	mg/l	N/A	N/A	N/A	0.011	0.019 ¹	N/A	1/Quarter	Grab

¹Daily Maximum

²CBOD₅ – Carbonaceous Biochemical Oxygen Demand, 5-day

³A sample composed of four or more equal or flow-proportional aliquots collected over a period of no less than eight and no more than twenty-four hours and aggregated so that the aggregate sample reflects the average water quality of the effluent during the compositing or sample period

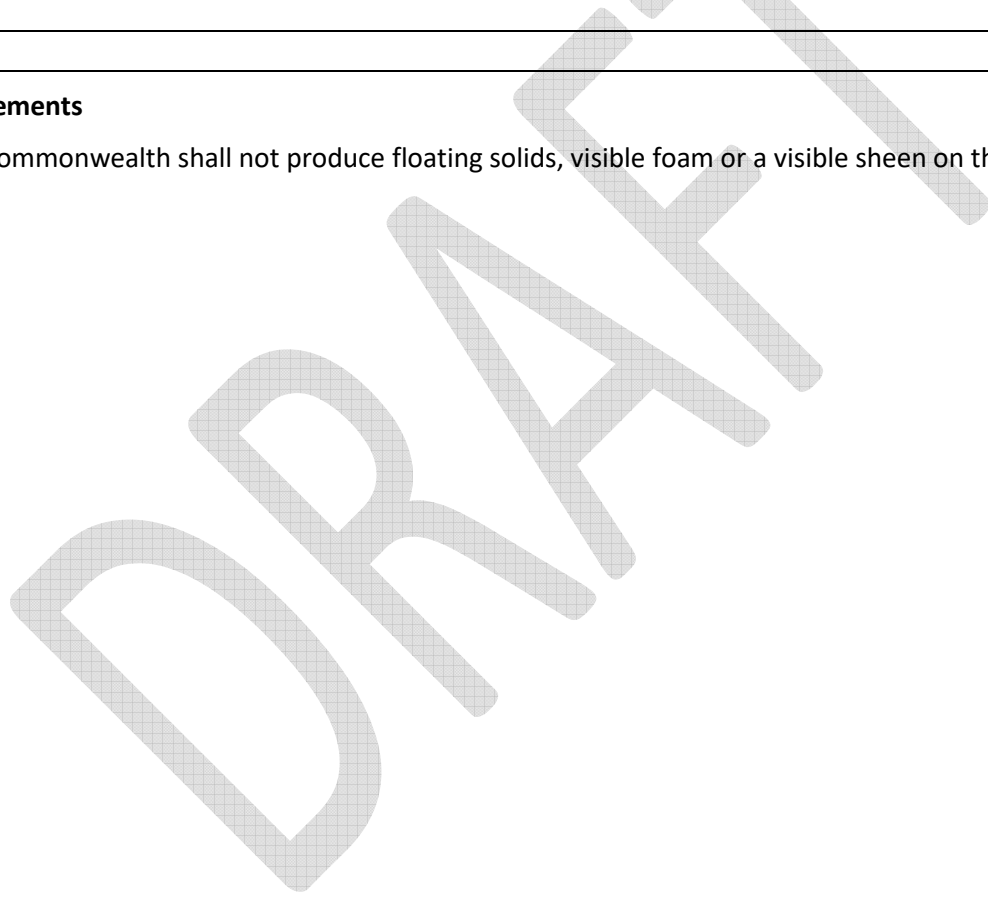
⁴E. Coli – Escherichia Coli Bacteria

TABLE 2.

EFFLUENT LIMITATIONS								MONITORING REQUIREMENTS	
Effluent Characteristic	Units	Loadings (lbs/day)		Concentrations				Frequency	Sample Type
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum		
⁵ Thirty (30) day Geometric Mean									
⁶ Seven (7) day Geometric Mean									

1.3. Standard Effluent Requirements

The discharges to Waters of the Commonwealth shall not produce floating solids, visible foam or a visible sheen on the surface of the receiving waters.



SECTION 2
STANDARD CONDITIONS

DRAFT

2. STANDARD CONDITIONS

The following conditions apply to all KPDES permits.

2.1. Duty to Comply

The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of KRS Chapter 224 and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or denial of a permit renewal application. Any person who violates applicable statutes or who fails to perform any duty imposed, or who violates any determination, permit, administrative regulation, or order of the Cabinet promulgated pursuant thereto shall be liable for a civil penalty as provided at KRS 224.99.010.

2.2. Duty to Reapply

If the permittee wishes to continue an activity regulated by this permit after the expiration date of this permit, the permittee must apply for a new permit.

2.3. Need to Halt or Reduce Activity Not a Defense

It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.

2.4. Duty to Mitigate

The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment.

2.5. Proper Operation and Maintenance

The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision 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.

2.6. Permit Actions

This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition.

2.7. Property Rights

This permit does not convey any property rights of any sort, or any exclusive privilege.

2.8. Duty to Provide Information

The permittee shall furnish to the Director, within a reasonable time, any information which the Director may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit or to determine compliance with this permit. The permittee shall also furnish to the Director upon request, copies of records required to be kept by this permit.

2.9. Inspection and Entry

The permittee shall allow the Director, or an authorized representative (including an authorized contractor acting as a representative of the Administrator), upon presentation of credentials and other documents as may be required by law, to:

- (1) Enter upon the permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit;
- (2) Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
- (3) Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and
- (4) Sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by the Clean Water Act, any substances or parameters at any location.

2.10. Monitoring and Records

- (1) Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.
- (2) Except for records of monitoring information required by this permit related to the permittee's sewage sludge use and disposal activities, which shall be retained for a period of at least five (5) years (or longer as required by 401 KAR 5:065, Section 2(10) [40 CFR 503]), the permittee shall retain records of all monitoring information, including 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 a period of at least three (3) years from the date of the sample, measurement, report or application. This period may be extended by request of the Director at any time.
- (3) Records of monitoring information shall include:
 - a) The date, exact place, and time of sampling or measurements;
 - b) The individual(s) who performed the sampling or measurements;
 - c) The date(s) analyses were performed;
 - d) The individual(s) who performed the analyses;
 - e) The analytical techniques or methods used; and
 - f) The results of such analyses.
- (4) Monitoring must be conducted according to test procedures approved under 401 KAR 5:065, Section 2(8) [40 CFR 136] unless another method is required under 401 KAR 5:065, Section 2(9) or (10) [40 CFR subchapters N or O].
- (5) KRS 224.99-010 provides that any person who knowingly violates KRS 224.70-110 or other enumerated statutes, or who knowingly renders inaccurate any monitoring device or method required to be maintained under this permit shall be guilty of a Class D felony and, upon conviction, shall be punished by a fine of not more than \$25,000, or by imprisonment for not less than one (1) year and not more than five (5) years, or by both fine and imprisonment for each separate violation. Each day upon which a violation occurs shall constitute a separate violation.

2.11. Signatory Requirement

(1) All applications, reports, or information submitted to the Director shall be signed and certified pursuant to 401 KAR 5:060, Section 4 [40 CFR 122.22].

(2) KRS 224.99-010 provides that any person who knowingly provides false information in any document filed or required to be maintained under KRS Chapter 224 shall be guilty of a Class D felony and upon conviction thereof, shall be punished by a fine not to exceed twenty-five thousand dollars (\$25,000), or by imprisonment, or by fine and imprisonment, for each separate violation. Each day upon which a violation occurs shall constitute a separate violation.

2.12. Reporting Requirements**2.12.1. Planned Changes**

The permittee shall give notice to the Director as soon as possible of any planned physical alterations or additions to the permitted facility. Notice is required only when:

(1) The alteration or addition to a permitted facility may meet one (1) of the criteria for determining whether a facility is a new source in KRS 224.16-050 [40 CFR 122.29(b)]; or

(2) The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are subject neither to effluent limitations in the permit, nor to notification requirements under KRS 224.16-050 [40 CFR 122.42(a)(1)].

(3) The alteration or addition results in a significant change in the permittee's sludge use or disposal practices, and such alteration, addition, or change may justify the application of permit conditions that are different from or absent in the existing permit, including notification of additional use or disposal sites not reported during the permit application process or not reported pursuant to an approved land application plan.

2.12.2. Anticipated Noncompliance

The permittee shall give advance notice to the Director of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements.

2.12.3. Transfers

This permit is not transferable to any person except after notice to the Director. The Director may require modification or revocation and reissuance of the permit to change the name of the permittee and incorporate such other requirements as may be necessary under KRS 224 [CWA; see 40 CFR 122.61; in some cases, modification or revocation and reissuance is mandatory].

2.12.4. Monitoring Reports

Monitoring results shall be reported at the intervals specified elsewhere in this permit.

(1) Monitoring results must be reported on a Discharge Monitoring Report (DMR) or forms provided or specified by the Director for reporting results of monitoring of sludge use or disposal practices.

(2) If the permittee monitors any pollutant more frequently than required by the permit using test procedures approved under 401 KAR 5:065, Section 2(8) [40 CFR 136], or another method required for an industry-specific waste stream under 401 KAR 5:065, Section 2(9) or (10) [40 CFR subchapters N or O], the results of such monitoring shall be included in the calculation and reporting of the data submitted in the DMR or sludge reporting form specified by the Director.

(3) Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Director in the permit.

2.12.5. Compliance Schedules

Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule of this permit shall be submitted no later than fourteen (14) days following each schedule date.

2.12.6. Twenty-four-Hour Reporting

(1) The permittee shall report any noncompliance which may endanger health or the environment. Any information shall be provided orally within twenty-four (24) hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance.

(2) The following shall be included as information which must be reported within twenty-four (24) hours under this paragraph.

- a) Any unanticipated bypass which exceeds any effluent limitation in the permit. (See §122.41(g))
- b) Any upset which exceeds any effluent limitation in the permit.
- c) Violation of a maximum daily discharge limitation for any of the pollutants listed by the Director in the permit to be reported within twenty-four (24) hours.

(3) The Director may waive the written report on a case-by-case basis under 40 CFR 122.41 (l), if the oral report has been received within twenty-four (24) hours.

2.12.7. Other Noncompliance

The permittee shall report all instances of noncompliance not reported under Sections 2.12.1, 2.12.4, 2.12.5 and 2.12.6, at the time monitoring reports are submitted. The reports shall contain the information listed in Section 2.12.6.

2.12.8. Other Information

Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information.

2.13. Bypass

2.13.1. Definitions

(1) Bypass means the intentional diversion of waste streams from any portion of a treatment facility.

(2) Severe property damage means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.

2.13.2. Bypass Not Exceeding Limitations

The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Section 2.13.3 and 2.13.4.

2.13.3. Notice

(1) Anticipated bypass. If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten (10) days before the date of the bypass.

(2) Unanticipated bypass. The permittee shall submit notice of an unanticipated bypass as required in Section 2.12.6.

2.13.4. Prohibition of Bypass

(1) Bypass is prohibited, and the Director may take enforcement action against a permittee for bypass, unless:

- a) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage;
- b) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
- c) The permittee submitted notices as required under Section 2.13.3.

(2) The Director may approve an anticipated bypass, after considering its adverse effects, if the Director determines that it will meet the three (3) conditions listed above in Section 2.13.4.

2.14. Upset**2.14.1. Definition**

Upset means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

2.14.2. Effect of an Upset

An upset constitutes an affirmative defense to an action brought for noncompliance with such technology-based permit effluent limitations if the requirements of Section 2.14.3 are met. No determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, is final administrative action subject to judicial review.

2.14.3. Conditions Necessary for a Demonstration of Upset

A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed, contemporaneous operating logs, or other relevant evidence that:

- (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
- (2) The permitted facility was at the time being properly operated; and
- (3) The permittee submitted notice of the upset as required in Section 2.12.6; and

(4) The permittee complied with any remedial measures required under Section 2.4.

2.14.4. Burden of Proof

In any enforcement preceding the permittee seeking to establish the occurrence of an upset has the burden of proof.

DRAFT

SECTION 3
OTHER CONDITIONS

DRAFT

3. OTHER CONDITIONS

3.1. Schedule of Compliance

The permittee shall attain compliance with all requirements of this permit on the effective date of this permit unless otherwise stated.

3.2. Other Permits

This permit has been issued under the provisions of KRS Chapter 224 and regulations promulgated pursuant thereto. Issuance of this permit does not relieve the permittee from the responsibility of obtaining any other permits or licenses required by this Cabinet and other state, federal, and local agencies.

3.3. Continuation of Expiring Permit

This permit shall be continued in effect and enforceable after the expiration date of the permit provided the permittee submits a timely and complete application in accordance with 401 KAR 5:060, Section 2(4).

3.4. Antidegradation

For those discharges subject to the provisions of 401 KAR 10:030, Section 1(3)(b)5, the permittee shall install, operate, and maintain wastewater treatment facilities consistent with those identified in the Socioeconomic Demonstration and Alternatives Analysis (SDAA) submitted with the KPDES permit application.

3.5. Reopener Clause

This permit shall be modified, or alternatively revoked and reissued, to comply with any applicable effluent standard or limitation issued or approved in accordance with 401 KAR 5:050 through 5:080, if the effluent standard or limitation so issued or approved:

- (1) Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or
- (2) Controls any pollutant not limited in the permit.

The permit as modified or reissued under this paragraph shall also contain any other requirements of KRS Chapter 224 when applicable.

3.6. Connection to Regional Sewer System

This WWTP is temporary and in no way supersedes the need of a regional sewer system. The permittee shall eliminate the discharge and WWTP plant by connection to a regional sewer system when it becomes available as defined in 401 KAR 5:002.

3.7. Certified Operators

The wastewater treatment plant shall be under the primary responsibility of a Class I Wastewater Treatment Plant Certified Operator or higher.

3.8. Outfall Signage

This KPDES permit establishes monitoring points, effluent limitations, and other conditions to address discharges from the permitted facility. In an effort to better document and clarify these locations, the permittee should place and maintain a permanent marker at each of the monitoring locations.

SECTION 4
MONITORING AND REPORTING REQUIREMENTS

4. MONITORING AND REPORTING REQUIREMENTS

4.1. KPDES Outfalls

Discharge samples and measurements shall be collected at the compliance point for each KPDES Outfall identified in this permit. Each sample shall be representative of the volume and nature of the monitored discharge.

4.2. Sufficiently Sensitive Analytical Methods

Analytical methods utilized to demonstrate compliance with the effluent limitations established in this permit shall be sufficiently sensitive to detect pollutant levels at or below the required effluent limit, i.e. the Method Minimum Level shall be at or below the effluent limit. In the instance where an EPA-approved method does not exist that has a Method Minimum Level at or below the established effluent limitation, the permittee shall:

- (1) Use the method specified in the permit; or
- (2) The EPA-approved method with an ML that is nearest to the established effluent limit.

It is the responsibility of the permittee to demonstrate compliance with permit parameter limitations by utilization of sufficiently sensitive analytical methods.

4.3. Certified Laboratory Requirements

All laboratory analyses and tests required to demonstrate compliance with the conditions of this permit shall be performed by a laboratory holding the appropriate general or field-only certification issued by the Cabinet pursuant to 401 KAR 5:320.

4.4. Submission of DMRs

The completed DMR for each monitoring period must be entered into the DOW approved electronic system no later than midnight on the 28th day of the month following the monitoring period for which monitoring results were obtained.

For more information regarding electronic submittal of DMRs, please visit the Division's website at: <https://eec.ky.gov/Environmental-Protection/Water/SubmitReport/Pages/NetDMR.aspx> or contact the DMR Coordinator at (502) 564-3410.

KPDES



**KENTUCKY POLLUTANT
DISCHARGE ELIMINATION
SYSTEM**

PERMIT

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

**PERMIT NO.: KY0045390
AGENCY INTEREST NO.: 1643**

Pursuant to Authority in KRS 224,

Bluegrass Water Utility Operating Company, LLC.
500 Northwest Plaza Dr., Suite 500
St. Ann, Missouri 63074

is authorized to discharge from a facility located at

Airview Estates Subdivision WWTP
178 West Airview Drive
Elizabethtown, Hardin County, Kentucky

to receiving waters named

UT to Mill Creek Branch

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

This permit shall become effective on

This permit and the authorization to discharge shall expire at midnight,

{Signature}

Date Signed

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

THIS KPDES PERMIT CONSISTS OF THE FOLLOWING SECTIONS:

1. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS.....4

1.1. Compliance Monitoring Locations (Outfalls) 4

1.2. Effluent Limitations and Monitoring Requirements 4

1.3. Standard Effluent Requirements 5

2. STANDARD CONDITIONS.....7

2.1. Duty to Comply 7

2.2. Duty to Reapply..... 7

2.3. Need to Halt or Reduce Activity Not a Defense..... 7

2.4. Duty to Mitigate..... 7

2.5. Proper Operation and Maintenance..... 7

2.6. Permit Actions..... 7

2.7. Property Rights 7

2.8. Duty to Provide Information 7

2.9. Inspection and Entry 8

2.10. Monitoring and Records 8

2.11. Signatory Requirement..... 9

2.12. Reporting Requirements..... 9

2.13. Bypass 10

2.14. Upset..... 11

3. OTHER CONDITIONS14

3.1. Schedule of Compliance..... 14

3.2. Other Permits..... 14

3.3. Continuation of Expiring Permit..... 14

3.4. Antidegradation 14

3.5. Reopener Clause 14

3.6. Connection to Regional Sewer System 14

3.7. Certified Operators 14

3.8. Outfall Signage 14

4. MONITORING AND REPORTING REQUIREMENTS16

4.1. KPDES Outfalls..... 16

4.2. Sufficiently Sensitive Analytical Methods 16

4.3. Certified Laboratory Requirements 16

4.4. Submission of DMRs 16

SECTION 1
EFFLUENT LIMITATIONS AND MONITORING
REQUIREMENTS

1. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1.1. Compliance Monitoring Locations (Outfalls)

The following table lists the outfalls authorized by this permit, the latitude and longitude of each and the DOW assigned KPDES outfall number:

TABLE 1.					
Outfall No.	Outfall Type	Latitude (N)	Longitude (W)	Receiving Water	Description of Outfall
001	External	37.758472°	85.891817°	UT to Mill Creek Branch	Domestic Wastewater

1.2. Effluent Limitations and Monitoring Requirements

Beginning on the effective date and lasting through the term of this permit, discharges from Outfall 001 shall comply with the following effluent limitations:

TABLE 2.								MONITORING REQUIREMENTS	
EFFLUENT LIMITATIONS								Frequency	Sample Type
Effluent Characteristic	Units	Loadings (lbs/day)		Concentrations					
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum		
Flow	MGD	Report	Report ¹	N/A	N/A	N/A	N/A	1/Month	Instantaneous
pH	SU	N/A	N/A	6.0	N/A	N/A	9.0	1/Month	Grab
CBOD ₅ ²	mg/l	N/A	N/A	N/A	25.0	37.5	N/A	1/Month	Composite ³
Total Suspended Solids	mg/l	N/A	N/A	N/A	30	45	N/A	1/Month	Composite ³
Ammonia (as mg/l NH ₃ N)									
May 1 – October 31	mg/l	N/A	N/A	N/A	4.0	6.0 ¹	N/A	1/Month	Composite ³
November 1 – April 30	mg/l	N/A	N/A	N/A	10.0	15.0 ¹	N/A	1/Month	Composite ³
Dissolved Oxygen	mg/l	N/A	N/A	7.00	N/A	N/A	N/A	1/Month	Grab
E. Coli ⁴	#/100 ml	N/A	N/A	N/A	130 ⁵	240 ⁶	N/A	1/Month	Grab
Total Residual Chlorine	mg/l	N/A	N/A	N/A	0.011	0.019 ¹	N/A	1/Month	Grab

¹Daily Maximum

²CBOD₅ – Carbonaceous Biochemical Oxygen Demand, 5-day

³A sample composed of four or more equal or flow-proportional aliquots collected over a period of no less than eight and no more than twenty-four hours and aggregated so that the aggregate sample reflects the average water quality of the effluent during the compositing or sample period

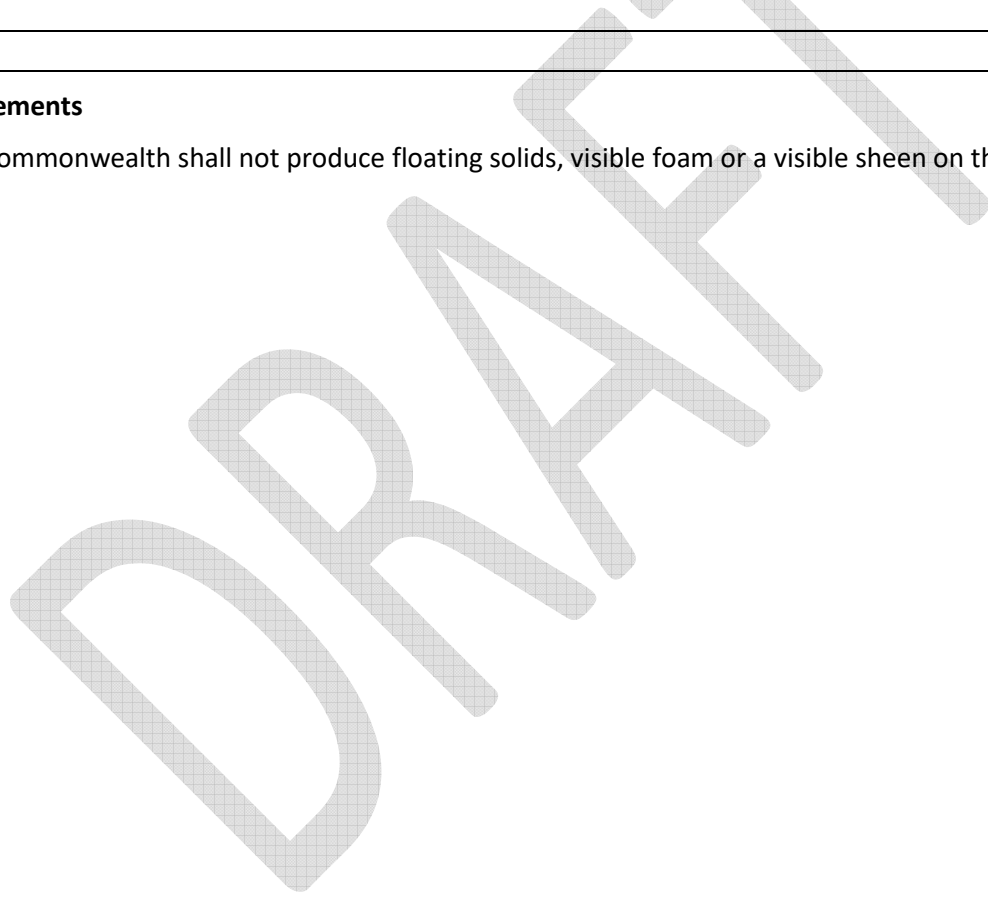
⁴E. Coli – Escherichia Coli Bacteria

TABLE 2.

EFFLUENT LIMITATIONS								MONITORING REQUIREMENTS	
Effluent Characteristic	Units	Loadings (lbs/day)		Concentrations				Frequency	Sample Type
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum		
⁵ Thirty (30) day Geometric Mean									
⁶ Seven (7) day Geometric Mean									

1.3. Standard Effluent Requirements

The discharges to Waters of the Commonwealth shall not produce floating solids, visible foam or a visible sheen on the surface of the receiving waters.



SECTION 2
STANDARD CONDITIONS

DRAFT

2. STANDARD CONDITIONS

The following conditions apply to all KPDES permits.

2.1. Duty to Comply

The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of KRS Chapter 224 and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or denial of a permit renewal application. Any person who violates applicable statutes or who fails to perform any duty imposed, or who violates any determination, permit, administrative regulation, or order of the Cabinet promulgated pursuant thereto shall be liable for a civil penalty as provided at KRS 224.99.010.

2.2. Duty to Reapply

If the permittee wishes to continue an activity regulated by this permit after the expiration date of this permit, the permittee must apply for a new permit.

2.3. Need to Halt or Reduce Activity Not a Defense

It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.

2.4. Duty to Mitigate

The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment.

2.5. Proper Operation and Maintenance

The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision 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.

2.6. Permit Actions

This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition.

2.7. Property Rights

This permit does not convey any property rights of any sort, or any exclusive privilege.

2.8. Duty to Provide Information

The permittee shall furnish to the Director, within a reasonable time, any information which the Director may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit or to determine compliance with this permit. The permittee shall also furnish to the Director upon request, copies of records required to be kept by this permit.

2.9. Inspection and Entry

The permittee shall allow the Director, or an authorized representative (including an authorized contractor acting as a representative of the Administrator), upon presentation of credentials and other documents as may be required by law, to:

- (1) Enter upon the permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit;
- (2) Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
- (3) Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and
- (4) Sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by the Clean Water Act, any substances or parameters at any location.

2.10. Monitoring and Records

- (1) Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.
- (2) Except for records of monitoring information required by this permit related to the permittee's sewage sludge use and disposal activities, which shall be retained for a period of at least five (5) years (or longer as required by 401 KAR 5:065, Section 2(10) [40 CFR 503]), the permittee shall retain records of all monitoring information, including 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 a period of at least three (3) years from the date of the sample, measurement, report or application. This period may be extended by request of the Director at any time.
- (3) Records of monitoring information shall include:
 - a) The date, exact place, and time of sampling or measurements;
 - b) The individual(s) who performed the sampling or measurements;
 - c) The date(s) analyses were performed;
 - d) The individual(s) who performed the analyses;
 - e) The analytical techniques or methods used; and
 - f) The results of such analyses.
- (4) Monitoring must be conducted according to test procedures approved under 401 KAR 5:065, Section 2(8) [40 CFR 136] unless another method is required under 401 KAR 5:065, Section 2(9) or (10) [40 CFR subchapters N or O].
- (5) KRS 224.99-010 provides that any person who knowingly violates KRS 224.70-110 or other enumerated statutes, or who knowingly renders inaccurate any monitoring device or method required to be maintained under this permit shall be guilty of a Class D felony and, upon conviction, shall be punished by a fine of not more than \$25,000, or by imprisonment for not less than one (1) year and not more than five (5) years, or by both fine and imprisonment for each separate violation. Each day upon which a violation occurs shall constitute a separate violation.

2.11. Signatory Requirement

(1) All applications, reports, or information submitted to the Director shall be signed and certified pursuant to 401 KAR 5:060, Section 4 [40 CFR 122.22].

(2) KRS 224.99-010 provides that any person who knowingly provides false information in any document filed or required to be maintained under KRS Chapter 224 shall be guilty of a Class D felony and upon conviction thereof, shall be punished by a fine not to exceed twenty-five thousand dollars (\$25,000), or by imprisonment, or by fine and imprisonment, for each separate violation. Each day upon which a violation occurs shall constitute a separate violation.

2.12. Reporting Requirements

2.12.1. Planned Changes

The permittee shall give notice to the Director as soon as possible of any planned physical alterations or additions to the permitted facility. Notice is required only when:

(1) The alteration or addition to a permitted facility may meet one (1) of the criteria for determining whether a facility is a new source in KRS 224.16-050 [40 CFR 122.29(b)]; or

(2) The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are subject neither to effluent limitations in the permit, nor to notification requirements under KRS 224.16-050 [40 CFR 122.42(a)(1)].

(3) The alteration or addition results in a significant change in the permittee's sludge use or disposal practices, and such alteration, addition, or change may justify the application of permit conditions that are different from or absent in the existing permit, including notification of additional use or disposal sites not reported during the permit application process or not reported pursuant to an approved land application plan.

2.12.2. Anticipated Noncompliance

The permittee shall give advance notice to the Director of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements.

2.12.3. Transfers

This permit is not transferable to any person except after notice to the Director. The Director may require modification or revocation and reissuance of the permit to change the name of the permittee and incorporate such other requirements as may be necessary under KRS 224 [CWA; see 40 CFR 122.61; in some cases, modification or revocation and reissuance is mandatory].

2.12.4. Monitoring Reports

Monitoring results shall be reported at the intervals specified elsewhere in this permit.

(1) Monitoring results must be reported on a Discharge Monitoring Report (DMR) or forms provided or specified by the Director for reporting results of monitoring of sludge use or disposal practices.

(2) If the permittee monitors any pollutant more frequently than required by the permit using test procedures approved under 401 KAR 5:065, Section 2(8) [40 CFR 136], or another method required for an industry-specific waste stream under 401 KAR 5:065, Section 2(9) or (10) [40 CFR subchapters N or O], the results of such monitoring shall be included in the calculation and reporting of the data submitted in the DMR or sludge reporting form specified by the Director.

(3) Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Director in the permit.

2.12.5. Compliance Schedules

Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule of this permit shall be submitted no later than fourteen (14) days following each schedule date.

2.12.6. Twenty-four-Hour Reporting

(1) The permittee shall report any noncompliance which may endanger health or the environment. Any information shall be provided orally within twenty-four (24) hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance.

(2) The following shall be included as information which must be reported within twenty-four (24) hours under this paragraph.

- a) Any unanticipated bypass which exceeds any effluent limitation in the permit. (See §122.41(g))
- b) Any upset which exceeds any effluent limitation in the permit.
- c) Violation of a maximum daily discharge limitation for any of the pollutants listed by the Director in the permit to be reported within twenty-four (24) hours.

(3) The Director may waive the written report on a case-by-case basis under 40 CFR 122.41 (l), if the oral report has been received within twenty-four (24) hours.

2.12.7. Other Noncompliance

The permittee shall report all instances of noncompliance not reported under Sections 2.12.1, 2.12.4, 2.12.5 and 2.12.6, at the time monitoring reports are submitted. The reports shall contain the information listed in Section 2.12.6.

2.12.8. Other Information

Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information.

2.13. Bypass

2.13.1. Definitions

(1) Bypass means the intentional diversion of waste streams from any portion of a treatment facility.

(2) Severe property damage means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.

2.13.2. Bypass Not Exceeding Limitations

The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Section 2.13.3 and 2.13.4.

2.13.3. Notice

(1) Anticipated bypass. If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten (10) days before the date of the bypass.

(2) Unanticipated bypass. The permittee shall submit notice of an unanticipated bypass as required in Section 2.12.6.

2.13.4. Prohibition of Bypass

(1) Bypass is prohibited, and the Director may take enforcement action against a permittee for bypass, unless:

- a) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage;
- b) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
- c) The permittee submitted notices as required under Section 2.13.3.

(2) The Director may approve an anticipated bypass, after considering its adverse effects, if the Director determines that it will meet the three (3) conditions listed above in Section 2.13.4.

2.14. Upset**2.14.1. Definition**

Upset means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

2.14.2. Effect of an Upset

An upset constitutes an affirmative defense to an action brought for noncompliance with such technology-based permit effluent limitations if the requirements of Section 2.14.3 are met. No determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, is final administrative action subject to judicial review.

2.14.3. Conditions Necessary for a Demonstration of Upset

A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed, contemporaneous operating logs, or other relevant evidence that:

- (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
- (2) The permitted facility was at the time being properly operated; and
- (3) The permittee submitted notice of the upset as required in Section 2.12.6; and

(4) The permittee complied with any remedial measures required under Section 2.4.

2.14.4. Burden of Proof

In any enforcement preceding the permittee seeking to establish the occurrence of an upset has the burden of proof.

DRAFT

SECTION 3
OTHER CONDITIONS

DRAFT

3. OTHER CONDITIONS

3.1. Schedule of Compliance

The permittee shall attain compliance with all requirements of this permit on the effective date of this permit unless otherwise stated.

3.2. Other Permits

This permit has been issued under the provisions of KRS Chapter 224 and regulations promulgated pursuant thereto. Issuance of this permit does not relieve the permittee from the responsibility of obtaining any other permits or licenses required by this Cabinet and other state, federal, and local agencies.

3.3. Continuation of Expiring Permit

This permit shall be continued in effect and enforceable after the expiration date of the permit provided the permittee submits a timely and complete application in accordance with 401 KAR 5:060, Section 2(4).

3.4. Antidegradation

For those discharges subject to the provisions of 401 KAR 10:030, Section 1(3)(b)5, the permittee shall install, operate, and maintain wastewater treatment facilities consistent with those identified in the Socioeconomic Demonstration and Alternatives Analysis (SDAA) submitted with the KPDES permit application.

3.5. Reopener Clause

This permit shall be modified, or alternatively revoked and reissued, to comply with any applicable effluent standard or limitation issued or approved in accordance with 401 KAR 5:050 through 5:080, if the effluent standard or limitation so issued or approved:

- (1) Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or
- (2) Controls any pollutant not limited in the permit.

The permit as modified or reissued under this paragraph shall also contain any other requirements of KRS Chapter 224 when applicable.

3.6. Connection to Regional Sewer System

This WWTP is temporary and in no way supersedes the need of a regional sewer system. The permittee shall eliminate the discharge and WWTP plant by connection to a regional sewer system when it becomes available as defined in 401 KAR 5:002.

3.7. Certified Operators

The wastewater treatment plant shall be under the primary responsibility of a Class II Wastewater Treatment Plant Certified Operator or higher.

3.8. Outfall Signage

This KPDES permit establishes monitoring points, effluent limitations, and other conditions to address discharges from the permitted facility. In an effort to better document and clarify these locations, the permittee should place and maintain a permanent marker at each of the monitoring locations.

SECTION 4
MONITORING AND REPORTING REQUIREMENTS

4. MONITORING AND REPORTING REQUIREMENTS

4.1. KPDES Outfalls

Discharge samples and measurements shall be collected at the compliance point for each KPDES Outfall identified in this permit. Each sample shall be representative of the volume and nature of the monitored discharge.

4.2. Sufficiently Sensitive Analytical Methods

Analytical methods utilized to demonstrate compliance with the effluent limitations established in this permit shall be sufficiently sensitive to detect pollutant levels at or below the required effluent limit, i.e. the Method Minimum Level shall be at or below the effluent limit. In the instance where an EPA-approved method does not exist that has a Method Minimum Level at or below the established effluent limitation, the permittee shall:

- (1) Use the method specified in the permit; or
- (2) The EPA-approved method with an ML that is nearest to the established effluent limit.

It is the responsibility of the permittee to demonstrate compliance with permit parameter limitations by utilization of sufficiently sensitive analytical methods.

4.3. Certified Laboratory Requirements

All laboratory analyses and tests required to demonstrate compliance with the conditions of this permit shall be performed by a laboratory holding the appropriate general or field-only certification issued by the Cabinet pursuant to 401 KAR 5:320.

4.4. Submission of DMRs

The completed DMR for each monitoring period must be entered into the DOW approved electronic system no later than midnight on the 28th day of the month following the monitoring period for which monitoring results were obtained.

For more information regarding electronic submittal of DMRs, please visit the Division's website at: <https://eec.ky.gov/Environmental-Protection/Water/SubmitReport/Pages/NetDMR.aspx> or contact the DMR Coordinator at (502) 564-3410.

KPDES



**KENTUCKY POLLUTANT
DISCHARGE ELIMINATION
SYSTEM**

PERMIT

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

PERMIT NO.: KY0080845

AGENCY INTEREST NO.: 3041

Pursuant to Authority in KRS 224,

Bluegrass Water Utility Operating Company, LLC.
500 Northwest Plaza Dr., Suite 500
St. Ann, MO 63074

is authorized to discharge from a facility located at

Great Oaks Subdivision WWTP
5680 Majestic Oak Dr.
Paducah, McCracken County, Kentucky

to receiving waters named

Blizzard Pond Drainage Canal

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

This permit shall become effective on

This permit and the authorization to discharge shall expire at midnight,

{Signature}

Date Signed

Peter T. Goodmann, Director
Division of Water

THIS KPDES PERMIT CONSISTS OF THE FOLLOWING SECTIONS:

1. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS.....4

1.1. Compliance Monitoring Locations (Outfalls) 4

1.2. Effluent Limitations and Monitoring Requirements 4

1.3. Standard Effluent Requirements 5

2. STANDARD CONDITIONS.....7

2.1. Duty to Comply 7

2.2. Duty to Reapply..... 7

2.3. Need to Halt or Reduce Activity Not a Defense..... 7

2.4. Duty to Mitigate..... 7

2.5. Proper Operation and Maintenance..... 7

2.6. Permit Actions..... 7

2.7. Property Rights 7

2.8. Duty to Provide Information 7

2.9. Inspection and Entry 8

2.10. Monitoring and Records 8

2.11. Signatory Requirement..... 9

2.12. Reporting Requirements..... 9

2.13. Bypass 10

2.14. Upset 11

3. OTHER CONDITIONS 14

3.1. Schedule of Compliance..... 14

3.2. Other Permits..... 14

3.3. Continuation of Expiring Permit..... 14

3.4. Antidegradation 14

3.5. Reopener Clause 14

3.6. Connection to Regional Sewer System 14

3.7. Certified Operators 14

3.8. Outfall Signage 14

4. MONITORING AND REPORTING REQUIREMENTS 16

4.1. KPDES Outfalls..... 16

4.2. Sufficiently Sensitive Analytical Methods 16

4.3. Certified Laboratory Requirements 16

4.4. Submission of DMRs 16

SECTION 1
EFFLUENT LIMITATIONS AND MONITORING
REQUIREMENTS

1. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1.1. Compliance Monitoring Locations (Outfalls)

The following table lists the outfalls authorized by this permit, the latitude and longitude of each and the DOW assigned KPDES outfall number:

TABLE 1.					
Outfall No.	Outfall Type	Latitude (N)	Longitude (W)	Receiving Water	Description of Outfall
001	External	36.986278°	88.638003°	Blizzard Pond Drainage Canal	Domestic Wastewater

1.2. Effluent Limitations and Monitoring Requirements

Beginning on the effective date and lasting through the term of this permit, discharges from Outfall 001 shall comply with the following effluent limitations:

TABLE 2.								MONITORING REQUIREMENTS	
EFFLUENT LIMITATIONS								Frequency	Sample Type
Effluent Characteristic	Units	Loadings (lbs/day)		Concentrations					
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum		
Flow	MGD	Report	Report ¹	N/A	N/A	N/A	N/A	1/Month	Instantaneous
pH	SU	N/A	N/A	6.0	N/A	N/A	9.0	1/Month	Grab
CBOD ₅ ²	mg/l	N/A	N/A	N/A	10	15	N/A	1/Month	Composite ³
Total Suspended Solids	mg/l	N/A	N/A	N/A	30	45	N/A	1/Month	Composite ³
Ammonia (as mg/l NH ₃ N)									
May 1 – October 31	mg/l	N/A	N/A	N/A	4.0	6.0 ¹	N/A	1/Month	Composite ³
November 1 – April 30	mg/l	N/A	N/A	N/A	10	15 ¹	N/A	1/Month	Composite ³
Dissolved Oxygen	mg/l	N/A	N/A	7.0	N/A	N/A	N/A	1/Month	Grab
E. Coli ⁴	#/100 ml	N/A	N/A	N/A	130 ⁵	240 ⁶	N/A	1/Month	Grab
Total Residual Chlorine	mg/l	N/A	N/A	N/A	0.011	0.019 ¹	N/A	1/Month	Grab

¹Daily Maximum

²CBOD₅ – Carbonaceous Biochemical Oxygen Demand, 5-day

³A sample composed of four or more equal or flow-proportional aliquots collected over a period of no less than eight and no more than twenty-four hours and aggregated so that the aggregate sample reflects the average water quality of the effluent during the compositing or sample period

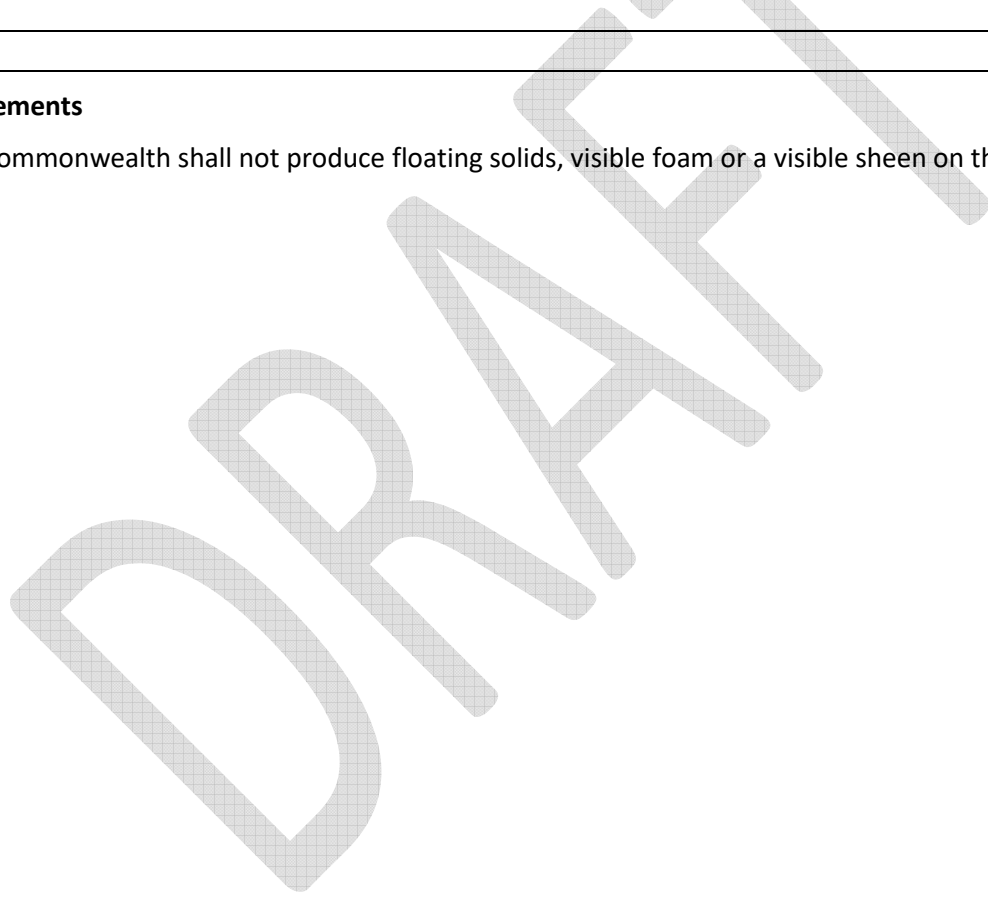
⁴E. Coli – Escherichia Coli Bacteria

TABLE 2.

EFFLUENT LIMITATIONS								MONITORING REQUIREMENTS	
Effluent Characteristic	Units	Loadings (lbs/day)		Concentrations				Frequency	Sample Type
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum		
⁵ Thirty (30) day Geometric Mean									
⁶ Seven (7) day Geometric Mean									

1.3. Standard Effluent Requirements

The discharges to Waters of the Commonwealth shall not produce floating solids, visible foam or a visible sheen on the surface of the receiving waters.



SECTION 2
STANDARD CONDITIONS

DRAFT

2. STANDARD CONDITIONS

The following conditions apply to all KPDES permits.

2.1. Duty to Comply

The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of KRS Chapter 224 and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or denial of a permit renewal application. Any person who violates applicable statutes or who fails to perform any duty imposed, or who violates any determination, permit, administrative regulation, or order of the Cabinet promulgated pursuant thereto shall be liable for a civil penalty as provided at KRS 224.99.010.

2.2. Duty to Reapply

If the permittee wishes to continue an activity regulated by this permit after the expiration date of this permit, the permittee must apply for a new permit.

2.3. Need to Halt or Reduce Activity Not a Defense

It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.

2.4. Duty to Mitigate

The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment.

2.5. Proper Operation and Maintenance

The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision 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.

2.6. Permit Actions

This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition.

2.7. Property Rights

This permit does not convey any property rights of any sort, or any exclusive privilege.

2.8. Duty to Provide Information

The permittee shall furnish to the Director, within a reasonable time, any information which the Director may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit or to determine compliance with this permit. The permittee shall also furnish to the Director upon request, copies of records required to be kept by this permit.

2.9. Inspection and Entry

The permittee shall allow the Director, or an authorized representative (including an authorized contractor acting as a representative of the Administrator), upon presentation of credentials and other documents as may be required by law, to:

- (1) Enter upon the permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit;
- (2) Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
- (3) Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and
- (4) Sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by the Clean Water Act, any substances or parameters at any location.

2.10. Monitoring and Records

- (1) Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.
- (2) Except for records of monitoring information required by this permit related to the permittee's sewage sludge use and disposal activities, which shall be retained for a period of at least five (5) years (or longer as required by 401 KAR 5:065, Section 2(10) [40 CFR 503]), the permittee shall retain records of all monitoring information, including 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 a period of at least three (3) years from the date of the sample, measurement, report or application. This period may be extended by request of the Director at any time.
- (3) Records of monitoring information shall include:
 - a) The date, exact place, and time of sampling or measurements;
 - b) The individual(s) who performed the sampling or measurements;
 - c) The date(s) analyses were performed;
 - d) The individual(s) who performed the analyses;
 - e) The analytical techniques or methods used; and
 - f) The results of such analyses.
- (4) Monitoring must be conducted according to test procedures approved under 401 KAR 5:065, Section 2(8) [40 CFR 136] unless another method is required under 401 KAR 5:065, Section 2(9) or (10) [40 CFR subchapters N or O].
- (5) KRS 224.99-010 provides that any person who knowingly violates KRS 224.70-110 or other enumerated statutes, or who knowingly renders inaccurate any monitoring device or method required to be maintained under this permit shall be guilty of a Class D felony and, upon conviction, shall be punished by a fine of not more than \$25,000, or by imprisonment for not less than one (1) year and not more than five (5) years, or by both fine and imprisonment for each separate violation. Each day upon which a violation occurs shall constitute a separate violation.

2.11. Signatory Requirement

(1) All applications, reports, or information submitted to the Director shall be signed and certified pursuant to 401 KAR 5:060, Section 4 [40 CFR 122.22].

(2) KRS 224.99-010 provides that any person who knowingly provides false information in any document filed or required to be maintained under KRS Chapter 224 shall be guilty of a Class D felony and upon conviction thereof, shall be punished by a fine not to exceed twenty-five thousand dollars (\$25,000), or by imprisonment, or by fine and imprisonment, for each separate violation. Each day upon which a violation occurs shall constitute a separate violation.

2.12. Reporting Requirements

2.12.1. Planned Changes

The permittee shall give notice to the Director as soon as possible of any planned physical alterations or additions to the permitted facility. Notice is required only when:

(1) The alteration or addition to a permitted facility may meet one (1) of the criteria for determining whether a facility is a new source in KRS 224.16-050 [40 CFR 122.29(b)]; or

(2) The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are subject neither to effluent limitations in the permit, nor to notification requirements under KRS 224.16-050 [40 CFR 122.42(a)(1)].

(3) The alteration or addition results in a significant change in the permittee's sludge use or disposal practices, and such alteration, addition, or change may justify the application of permit conditions that are different from or absent in the existing permit, including notification of additional use or disposal sites not reported during the permit application process or not reported pursuant to an approved land application plan.

2.12.2. Anticipated Noncompliance

The permittee shall give advance notice to the Director of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements.

2.12.3. Transfers

This permit is not transferable to any person except after notice to the Director. The Director may require modification or revocation and reissuance of the permit to change the name of the permittee and incorporate such other requirements as may be necessary under KRS 224 [CWA; see 40 CFR 122.61; in some cases, modification or revocation and reissuance is mandatory].

2.12.4. Monitoring Reports

Monitoring results shall be reported at the intervals specified elsewhere in this permit.

(1) Monitoring results must be reported on a Discharge Monitoring Report (DMR) or forms provided or specified by the Director for reporting results of monitoring of sludge use or disposal practices.

(2) If the permittee monitors any pollutant more frequently than required by the permit using test procedures approved under 401 KAR 5:065, Section 2(8) [40 CFR 136], or another method required for an industry-specific waste stream under 401 KAR 5:065, Section 2(9) or (10) [40 CFR subchapters N or O], the results of such monitoring shall be included in the calculation and reporting of the data submitted in the DMR or sludge reporting form specified by the Director.

(3) Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Director in the permit.

2.12.5. Compliance Schedules

Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule of this permit shall be submitted no later than fourteen (14) days following each schedule date.

2.12.6. Twenty-four-Hour Reporting

(1) The permittee shall report any noncompliance which may endanger health or the environment. Any information shall be provided orally within twenty-four (24) hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within 5 days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance.

(2) The following shall be included as information which must be reported within twenty-four (24) hours under this paragraph.

- a) Any unanticipated bypass which exceeds any effluent limitation in the permit. (See §122.41(g))
- b) Any upset which exceeds any effluent limitation in the permit.
- c) Violation of a maximum daily discharge limitation for any of the pollutants listed by the Director in the permit to be reported within twenty-four (24) hours.

(3) The Director may waive the written report on a case-by-case basis under 40 CFR 122.41 (l), if the oral report has been received within twenty-four (24) hours.

2.12.7. Other Noncompliance

The permittee shall report all instances of noncompliance not reported under Sections 2.12.1, 2.12.4, 2.12.5 and 2.12.6, at the time monitoring reports are submitted. The reports shall contain the information listed in Section 2.12.6.

2.12.8. Other Information

Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information.

2.13. Bypass

2.13.1. Definitions

(1) Bypass means the intentional diversion of waste streams from any portion of a treatment facility.

(2) Severe property damage means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.

2.13.2. Bypass Not Exceeding Limitations

The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Section 2.13.3 and 2.13.4.

2.13.3. Notice

(1) Anticipated bypass. If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten (10) days before the date of the bypass.

(2) Unanticipated bypass. The permittee shall submit notice of an unanticipated bypass as required in Section 2.12.6.

2.13.4. Prohibition of Bypass

(1) Bypass is prohibited, and the Director may take enforcement action against a permittee for bypass, unless:

- a) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage;
- b) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
- c) The permittee submitted notices as required under Section 2.13.3.

(2) The Director may approve an anticipated bypass, after considering its adverse effects, if the Director determines that it will meet the three (3) conditions listed above in Section 2.13.4.

2.14. Upset**2.14.1. Definition**

Upset means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

2.14.2. Effect of an Upset

An upset constitutes an affirmative defense to an action brought for noncompliance with such technology-based permit effluent limitations if the requirements of Section 2.14.3 are met. No determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, is final administrative action subject to judicial review.

2.14.3. Conditions Necessary for a Demonstration of Upset

A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed, contemporaneous operating logs, or other relevant evidence that:

- (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
- (2) The permitted facility was at the time being properly operated; and
- (3) The permittee submitted notice of the upset as required in Section 2.12.6; and

(4) The permittee complied with any remedial measures required under Section 2.4.

2.14.4. Burden of Proof

In any enforcement preceding the permittee seeking to establish the occurrence of an upset has the burden of proof.

DRAFT

SECTION 3
OTHER CONDITIONS

DRAFT

3. OTHER CONDITIONS

3.1. Schedule of Compliance

The permittee shall attain compliance with all requirements of this permit on the effective date of this permit unless otherwise stated.

3.2. Other Permits

This permit has been issued under the provisions of KRS Chapter 224 and regulations promulgated pursuant thereto. Issuance of this permit does not relieve the permittee from the responsibility of obtaining any other permits or licenses required by this Cabinet and other state, federal, and local agencies.

3.3. Continuation of Expiring Permit

This permit shall be continued in effect and enforceable after the expiration date of the permit provided the permittee submits a timely and complete application in accordance with 401 KAR 5:060, Section 2(4).

3.4. Antidegradation

For those discharges subject to the provisions of 401 KAR 10:030, Section 1(3)(b)5, the permittee shall install, operate, and maintain wastewater treatment facilities consistent with those identified in the Socioeconomic Demonstration and Alternatives Analysis (SDAA) submitted with the KPDES permit application.

3.5. Reopener Clause

This permit shall be modified, or alternatively revoked and reissued, to comply with any applicable effluent standard or limitation issued or approved in accordance with 401 KAR 5:050 through 5:080, if the effluent standard or limitation so issued or approved:

- (1) Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or
- (2) Controls any pollutant not limited in the permit.

The permit as modified or reissued under this paragraph shall also contain any other requirements of KRS Chapter 224 when applicable.

3.6. Connection to Regional Sewer System

This WWTP is temporary and in no way supersedes the need of a regional sewer system. The permittee shall eliminate the discharge and WWTP plant by connection to a regional sewer system when it becomes available as defined in 401 KAR 5:002.

3.7. Certified Operators

The wastewater treatment plant shall be under the primary responsibility of a Class I Wastewater Treatment Plant Certified Operator or higher.

3.8. Outfall Signage

This KPDES permit establishes monitoring points, effluent limitations, and other conditions to address discharges from the permitted facility. In an effort to better document and clarify these locations, the permittee should place and maintain a permanent marker at each of the monitoring locations.

SECTION 4
MONITORING AND REPORTING REQUIREMENTS

4. MONITORING AND REPORTING REQUIREMENTS

4.1. KPDES Outfalls

Discharge samples and measurements shall be collected at the compliance point for each KPDES Outfall identified in this permit. Each sample shall be representative of the volume and nature of the monitored discharge.

4.2. Sufficiently Sensitive Analytical Methods

Analytical methods utilized to demonstrate compliance with the effluent limitations established in this permit shall be sufficiently sensitive to detect pollutant levels at or below the required effluent limit, i.e. the Method Minimum Level shall be at or below the effluent limit. In the instance where an EPA-approved method does not exist that has a Method Minimum Level at or below the established effluent limitation, the permittee shall:

- (1) Use the method specified in the permit; or
- (2) The EPA-approved method with an ML that is nearest to the established effluent limit.

It is the responsibility of the permittee to demonstrate compliance with permit parameter limitations by utilization of sufficiently sensitive analytical methods.

4.3. Certified Laboratory Requirements

All laboratory analyses and tests required to demonstrate compliance with the conditions of this permit shall be performed by a laboratory holding the appropriate general or field-only certification issued by the Cabinet pursuant to 401 KAR 5:320.

4.4. Submission of DMRs

The completed DMR for each monitoring period must be entered into the DOW approved electronic system no later than midnight on the 28th day of the month following the monitoring period for which monitoring results were obtained.

For more information regarding electronic submittal of DMRs, please visit the Division's website at: <http://water.ky.gov/permitting/Pages/netDMRInformation.aspx> or contact the DMR Coordinator at (502) 564-3410.

KPDES



**KENTUCKY POLLUTANT
DISCHARGE ELIMINATION
SYSTEM**

PERMIT

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

PERMIT NO.: KY0083755

AGENCY INTEREST NO.: 3070

Pursuant to Authority in KRS 224,

Bluegrass Water Utility Operating Company
1650 Des Peres Rd. Suite 303
St. Louis, MO 63131

is authorized to discharge from a facility located at

Timberland Wastewater Facility
Timberland Drive
Paducah, McCracken County, Kentucky

to receiving waters named

West Fork Massac Creek

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

This permit shall become effective on

This permit and the authorization to discharge shall expire at midnight,

Date Signed:

Paul Miller, P.E.
Director, Division of Water

THIS KPDES PERMIT CONSISTS OF THE FOLLOWING SECTIONS:

1. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS.....4

1.1. Compliance Monitoring Locations (Outfalls) 4

1.2. Effluent Limitations and Monitoring Requirements 4

1.3. Standard Effluent Requirements 5

2. STANDARD CONDITIONS.....7

2.1. Duty to Comply 7

2.2. Duty to Reapply..... 7

2.3. Need to Halt or Reduce Activity Not a Defense..... 7

2.4. Duty to Mitigate..... 7

2.5. Proper Operation and Maintenance..... 7

2.6. Permit Actions..... 7

2.7. Property Rights 7

2.8. Duty to Provide Information 7

2.9. Inspection and Entry 8

2.10. Monitoring and Records 8

2.11. Signatory Requirement 9

2.12. Reporting Requirements..... 9

2.13. Bypass 11

2.14. Upset..... 11

3. OTHER CONDITIONS14

3.1. Schedule of Compliance..... 14

3.2. Other Permits..... 14

3.3. Continuation of Expiring Permit..... 14

3.4. Antidegradation 14

3.5. Reopener Clause 14

3.6. Connection to Regional Sewer System 14

3.7. Certified Operators 14

3.8. Outfall Signage 14

4. MONITORING AND REPORTING REQUIREMENTS16

4.1. KPDES Outfalls..... 16

4.2. Sufficiently Sensitive Analytical Methods 16

4.3. Certified Laboratory Requirements 16

4.4. Submission of DMRs 16

SECTION 1
EFFLUENT LIMITATIONS AND MONITORING
REQUIREMENTS

1. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

1.1. Compliance Monitoring Locations (Outfalls)

The following table lists the outfalls authorized by this permit, the latitude and longitude of each and the DOW assigned KPDES outfall number:

TABLE 1.					
Outfall No.	Outfall Type	Latitude (N)	Longitude (W)	Receiving Water	Description of Outfall
001	External	37.07917°	88.78111°	West Fork Massac Creek	Domestic Wastewater

1.2. Effluent Limitations and Monitoring Requirements

Beginning on the effective date and lasting through the term of this permit, discharges from Outfall 001 shall comply with the following effluent limitations:

TABLE 2.									
EFFLUENT LIMITATIONS								MONITORING REQUIREMENTS	
Effluent Characteristic	Units	Loadings (lbs/day)		Concentrations				Frequency	Sample Type
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum		
Flow	MGD	Report	Report ¹	N/A	N/A	N/A	N/A	1/Month	Instantaneous
pH	SU	N/A	N/A	6.0	N/A	N/A	9.0	1/Month	Grab
CBOD ₅ ²	mg/l	N/A	N/A	N/A	10	15	N/A	1/Month	Composite ³
Total Suspended Solids	mg/l	N/A	N/A	N/A	30	45	N/A	1/Month	Composite ³
Nitrogen, Ammonia total [as N]									
May 1 – October 31	mg/l	N/A	N/A	N/A	2.0	3.0 ¹	N/A	1/Month	Composite ³
November 1 – April 30	mg/l	N/A	N/A	N/A	9.0	13.5 ¹	N/A	1/Month	Composite ³
Dissolved Oxygen	mg/l	N/A	N/A	7.0	N/A	N/A	N/A	1/Month	Grab
E. coli ⁴	#/100 ml	N/A	N/A	N/A	130 ⁵	240 ⁶	N/A	1/Month	Grab
Total Residual Chlorine	mg/l	N/A	N/A	N/A	0.011	0.019 ¹	N/A	1/Month	Grab

¹Daily Maximum

²CBOD₅ – Carbonaceous Biochemical Oxygen Demand, 5-day

³A sample composed of four or more equal or flow-proportional aliquots collected over a period of no less than eight and no more than twenty-four hours and aggregated so that the aggregate sample reflects the average water quality of the effluent during the compositing or sample period

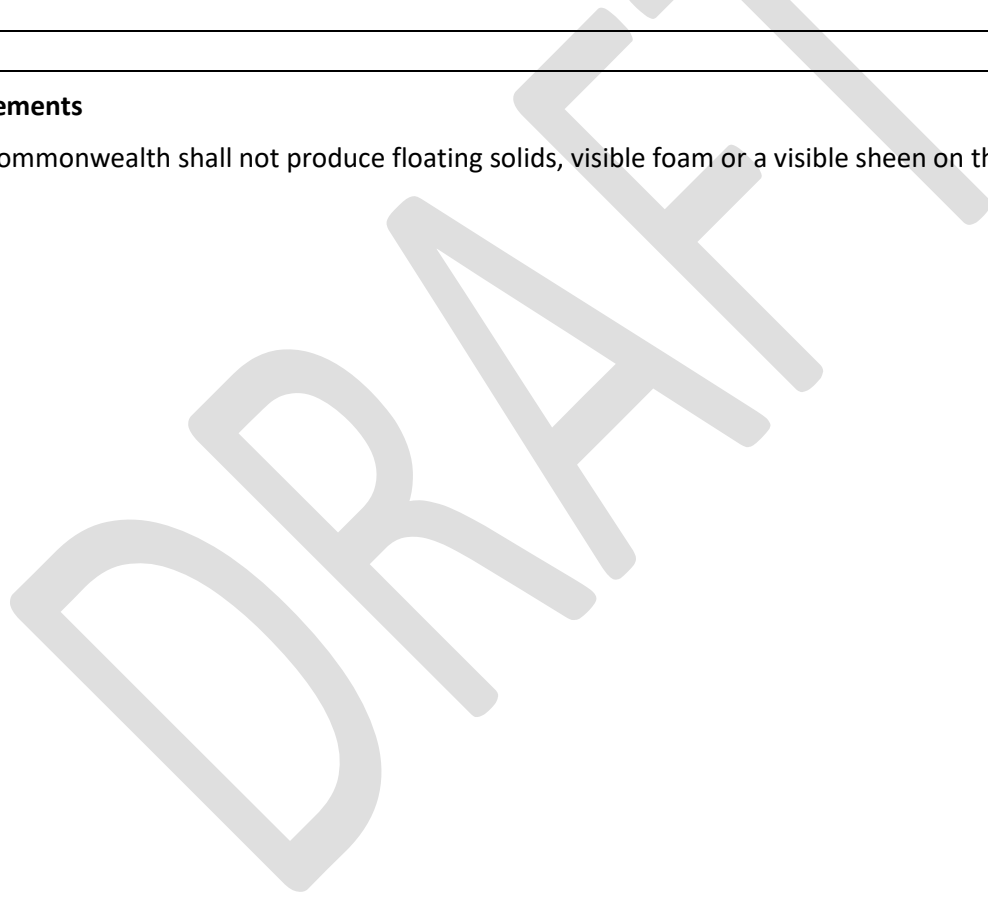
⁴E. coli – *Escherichia coli* Bacteria

TABLE 2.

EFFLUENT LIMITATIONS								MONITORING REQUIREMENTS	
Effluent Characteristic	Units	Loadings (lbs/day)		Concentrations				Frequency	Sample Type
		Monthly Average	Maximum Weekly Average	Minimum	Monthly Average	Maximum Weekly Average	Maximum		
⁵ Thirty (30) day Geometric Mean									
⁶ Seven (7) day Geometric Mean									

1.3. Standard Effluent Requirements

The discharges to Waters of the Commonwealth shall not produce floating solids, visible foam or a visible sheen on the surface of the receiving waters.



SECTION 2
STANDARD CONDITIONS

2. STANDARD CONDITIONS

The following conditions apply to all KPDES permits.

2.1. Duty to Comply

The permittee must comply with all conditions of this permit. Any permit noncompliance constitutes a violation of KRS Chapter 224 and is grounds for enforcement action; for permit termination, revocation and reissuance, or modification; or denial of a permit renewal application. Any person who violates applicable statutes or who fails to perform any duty imposed, or who violates any determination, permit, administrative regulation, or order of the Cabinet promulgated pursuant thereto shall be liable for a civil penalty as provided at KRS 224.99.010.

2.2. Duty to Reapply

If the permittee wishes to continue an activity regulated by this permit after the expiration date of this permit, the permittee must apply for a new permit.

2.3. Need to Halt or Reduce Activity Not a Defense

It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit.

2.4. Duty to Mitigate

The permittee shall take all reasonable steps to minimize or prevent any discharge or sludge use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment.

2.5. Proper Operation and Maintenance

The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by the permittee to achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision 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.

2.6. Permit Actions

This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit modification, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition.

2.7. Property Rights

This permit does not convey any property rights of any sort, or any exclusive privilege.

2.8. Duty to Provide Information

The permittee shall furnish to the Director, within a reasonable time, any information which the Director may request to determine whether cause exists for modifying, revoking and reissuing, or terminating this permit or to determine compliance with this permit. The permittee shall also furnish to the Director upon request, copies of records required to be kept by this permit.

2.9. Inspection and Entry

The permittee shall allow the Director, or an authorized representative (including an authorized contractor acting as a representative of the Administrator), upon presentation of credentials and other documents as may be required by law, to:

- (1) Enter upon the permittee's premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit;
- (2) Have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit;
- (3) Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and
- (4) Sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by the Clean Water Act, any substances or parameters at any location.

2.10. Monitoring and Records

- (1) Samples and measurements taken for the purpose of monitoring shall be representative of the monitored activity.
- (2) Except for records of monitoring information required by this permit related to the permittee's sewage sludge use and disposal activities, which shall be retained for a period of at least five (5) years (or longer as required by 401 KAR 5:065, Section 2(10) [40 CFR 503]), the permittee shall retain records of all monitoring information, including 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 a period of at least three (3) years from the date of the sample, measurement, report or application. This period may be extended by request of the Director at any time.
- (3) Records of monitoring information shall include:
 - a) The date, exact place, and time of sampling or measurements;
 - b) The individual(s) who performed the sampling or measurements;
 - c) The date(s) analyses were performed;
 - d) The individual(s) who performed the analyses;
 - e) The analytical techniques or methods used; and
 - f) The results of such analyses.
- (4) Monitoring must be conducted according to test procedures approved under 401 KAR 5:065, Section 2(8) [40 CFR 136] unless another method is required under 401 KAR 5:065, Section 2(9) or (10) [40 CFR subchapters N or O].
- (5) KRS 224.99-010 provides that any person who knowingly violates KRS 224.70-110 or other enumerated statutes, or who knowingly renders inaccurate any monitoring device or method required to be maintained under this permit shall be guilty of a Class D felony and, upon conviction, shall be punished by a fine of not more than \$25,000, or by imprisonment for not less than one (1) year and not more than five (5) years, or by both fine and imprisonment for each separate violation. Each day upon which a violation occurs shall constitute a separate violation.

2.11. Signatory Requirement

(1) All applications, reports, or information submitted to the Director shall be signed and certified pursuant to 401 KAR 5:060, Section 4 [40 CFR 122.22].

(2) KRS 224.99-010 provides that any person who knowingly provides false information in any document filed or required to be maintained under KRS Chapter 224 shall be guilty of a Class D felony and upon conviction thereof, shall be punished by a fine not to exceed twenty-five thousand dollars (\$25,000), or by imprisonment, or by fine and imprisonment, for each separate violation. Each day upon which a violation occurs shall constitute a separate violation.

2.12. Reporting Requirements**2.12.1. Planned Changes**

The permittee shall give notice to the Director as soon as possible of any planned physical alterations or additions to the permitted facility. Notice is required only when:

(1) The alteration or addition to a permitted facility may meet one (1) of the criteria for determining whether a facility is a new source in KRS 224.16-050 [40 CFR 122.29(b)]; or

(2) The alteration or addition could significantly change the nature or increase the quantity of pollutants discharged. This notification applies to pollutants which are subject neither to effluent limitations in the permit, nor to notification requirements under KRS 224.16-050 [40 CFR 122.42(a)(1)].

(3) The alteration or addition results in a significant change in the permittee's sludge use or disposal practices, and such alteration, addition, or change may justify the application of permit conditions that are different from or absent in the existing permit, including notification of additional use or disposal sites not reported during the permit application process or not reported pursuant to an approved land application plan.

2.12.2. Anticipated Noncompliance

The permittee shall give advance notice to the Director of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements.

2.12.3. Transfers

This permit is not transferable to any person except after notice to the Director. The Director may require modification or revocation and reissuance of the permit to change the name of the permittee and incorporate such other requirements as may be necessary under KRS 224 [CWA; see 40 CFR 122.61; in some cases, modification or revocation and reissuance is mandatory].

2.12.4. Monitoring Reports

Monitoring results shall be reported at the intervals specified elsewhere in this permit.

(1) Monitoring results must be reported on a Discharge Monitoring Report (DMR) or forms provided or specified by the Director for reporting results of monitoring of sludge use or disposal practices.

(2) If the permittee monitors any pollutant more frequently than required by the permit using test procedures approved under 401 KAR 5:065, Section 2(8) [40 CFR 136], or another method required for an industry-specific waste stream under 401 KAR 5:065, Section 2(9) or (10) [40 CFR subchapters N or O], the results of such monitoring shall be included in the calculation and reporting of the data submitted in the DMR or sludge reporting form specified by the Director.

(3) Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified by the Director in the permit.

2.12.5. Compliance Schedules

Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule of this permit shall be submitted no later than fourteen (14) days following each schedule date.

2.12.6. Twenty-four-Hour Reporting

1) The permittee shall report any noncompliance which may endanger health or the environment to the DOW Regional Office. Any information shall be provided orally within twenty-four (24) hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five (5) days of the time the permittee becomes aware of the circumstances. The written submission shall contain a description of the noncompliance and its cause; the period of noncompliance, including exact dates and times, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent reoccurrence of the noncompliance.

2) The following shall be included as information which must be reported within twenty-four (24) hours under this paragraph:

- a) Any unanticipated bypass which exceeds any effluent limitation in the permit [40 CFR 122.41 (g)].
- b) Any upset which exceeds any effluent limitation in the permit.
- c) Violation of a maximum daily discharge limitation for any of the pollutants listed by the Director in the permit to be reported within twenty-four (24) hours.

3) The Director may waive the written report on a case-by-case basis under 40 CFR 122.41 (l), if the oral report has been received within twenty-four (24) hours.

4) The permittee is assigned to the Department for Environmental Protection's Paducah Regional Field Office.

- a. Reporting shall be as required in paragraphs 1 through 3 of this subsection except that, if a spill or release of pollutants or contaminants, bypass, upset, or other event of non-compliance occurs that may present an imminent or substantial danger to the environment or the public health or welfare, the permittee shall immediately notify the regional field office by calling the Paducah Regional Field Office at (270) 898-8468.
- b. If a report required by this subsection is made during other than normal business hours, it shall be made through the **twenty-four (24) hour environmental emergency telephone number at (800) 928-2380**.
- c. The reporting requirements of this subsection does not relieve the permittee of reporting required under other laws, regulations, programs, or emergency response plans.

2.12.7. Other Noncompliance

The permittee shall report all instances of noncompliance not reported under Sections 2.12.1, 2.12.4, 2.12.5 and 2.12.6, at the time monitoring reports are submitted. The reports shall contain the information listed in Section 2.12.6.

2.12.8. Other Information

Where the permittee becomes aware that it failed to submit any relevant facts in a permit application, or submitted incorrect information in a permit application or in any report to the Director, it shall promptly submit such facts or information.

2.13. Bypass**2.13.1. Definitions**

- (1) Bypass means the intentional diversion of waste streams from any portion of a treatment facility.
- (2) Severe property damage means substantial physical damage to property, damage to the treatment facilities which causes them to become inoperable, or substantial and permanent loss of natural resources which can reasonably be expected to occur in the absence of a bypass. Severe property damage does not mean economic loss caused by delays in production.

2.13.2. Bypass Not Exceeding Limitations

The permittee may allow any bypass to occur which does not cause effluent limitations to be exceeded, but only if it also is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Section 2.13.3 and 2.13.4.

2.13.3. Notice

- (1) Anticipated bypass. If the permittee knows in advance of the need for a bypass, it shall submit prior notice, if possible at least ten (10) days before the date of the bypass.
- (2) Unanticipated bypass. The permittee shall submit notice of an unanticipated bypass as required in Section 2.12.6.

2.13.4. Prohibition of Bypass

- (1) Bypass is prohibited, and the Director may take enforcement action against a permittee for bypass, unless:
 - a) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage;
 - b) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - c) The permittee submitted notices as required under Section 2.13.3.
- (2) The Director may approve an anticipated bypass, after considering its adverse effects, if the Director determines that it will meet the three (3) conditions listed above in Section 2.13.4.

2.14. Upset**2.14.1. Definition**

Upset means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

2.14.2. Effect of an Upset

An upset constitutes an affirmative defense to an action brought for noncompliance with such technology-based permit effluent limitations if the requirements of Section 2.14.3 are met. No determination made during administrative review of claims that noncompliance was caused by upset, and before an action for noncompliance, is final administrative action subject to judicial review.

2.14.3. Conditions Necessary for a Demonstration of Upset

A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed, contemporaneous operating logs, or other relevant evidence that:

- (1) An upset occurred and that the permittee can identify the cause(s) of the upset;
- (2) The permitted facility was at the time being properly operated; and
- (3) The permittee submitted notice of the upset as required in Section 2.12.6; and
- (4) The permittee complied with any remedial measures required under Section 2.4.

2.14.4. Burden of Proof

In any enforcement proceeding the permittee seeking to establish the occurrence of an upset has the burden of proof.

SECTION 3
OTHER CONDITIONS

3. OTHER CONDITIONS

3.1. Schedule of Compliance

The permittee shall attain compliance with all requirements of this permit on the effective date of this permit unless otherwise stated.

3.2. Other Permits

This permit has been issued under the provisions of KRS Chapter 224 and regulations promulgated pursuant thereto. Issuance of this permit does not relieve the permittee from the responsibility of obtaining any other permits or licenses required by this Cabinet and other state, federal, and local agencies.

3.3. Continuation of Expiring Permit

This permit shall be continued in effect and enforceable after the expiration date of the permit provided the permittee submits a timely and complete application in accordance with 401 KAR 5:060, Section 2(4).

3.4. Antidegradation

For those discharges subject to the provisions of 401 KAR 10:030, Section 1(3)(b)5, the permittee shall install, operate, and maintain wastewater treatment facilities consistent with those identified in the Socioeconomic Demonstration and Alternatives Analysis (SDAA) submitted with the KPDES permit application.

3.5. Reopener Clause

This permit shall be modified, or alternatively revoked and reissued, to comply with any applicable effluent standard or limitation issued or approved in accordance with 401 KAR 5:050 through 5:080, if the effluent standard or limitation so issued or approved:

- (1) Contains different conditions or is otherwise more stringent than any effluent limitation in the permit; or
- (2) Controls any pollutant not limited in the permit.

The permit as modified or reissued under this paragraph shall also contain any other requirements of KRS Chapter 224 when applicable.

3.6. Connection to Regional Sewer System

This WWTP is temporary and in no way supersedes the need of a regional sewer system. The permittee shall eliminate the discharge and WWTP plant by connection to a regional sewer system when it becomes available as defined in 401 KAR 5:002.

3.7. Certified Operators

The wastewater treatment plant shall be under the primary responsibility of a Class I Wastewater Treatment Plant Certified Operator or higher.

3.8. Outfall Signage

This KPDES permit establishes monitoring points, effluent limitations, and other conditions to address discharges from the permitted facility. In an effort to better document and clarify these locations, the permittee should place and maintain a permanent marker at each of the monitoring locations.

SECTION 4
MONITORING AND REPORTING REQUIREMENTS

4. MONITORING AND REPORTING REQUIREMENTS

4.1. KPDES Outfalls

Discharge samples and measurements shall be collected at the compliance point for each KPDES Outfall identified in this permit. Each sample shall be representative of the volume and nature of the monitored discharge.

4.2. Sufficiently Sensitive Analytical Methods

Analytical methods utilized to demonstrate compliance with the effluent limitations established in this permit shall be sufficiently sensitive to detect pollutant levels at or below the required effluent limit, i.e. the Method Minimum Level shall be at or below the effluent limit. In the instance where an EPA-approved method does not exist that has a Method Minimum Level at or below the established effluent limitation, the permittee shall:

- (1) Use the method specified in the permit; or
- (2) The EPA-approved method with an ML that is nearest to the established effluent limit.

It is the responsibility of the permittee to demonstrate compliance with permit parameter limitations by utilization of sufficiently sensitive analytical methods.

4.3. Certified Laboratory Requirements

All laboratory analyses and tests required to demonstrate compliance with the conditions of this permit shall be performed by a laboratory holding the appropriate general or field-only certification issued by the Cabinet pursuant to 401 KAR 5:320.

4.4. Submission of DMRs

The completed DMR for each monitoring period must be entered into the DOW approved electronic system no later than midnight on the 28th day of the month following the monitoring period for which monitoring results were obtained.

For more information regarding electronic submittal of DMRs, please visit the Division's website at: <https://eec.ky.gov/Environmental-Protection/Water/SubmitReport/Pages/NetDMR.aspx> or contact the DMR Coordinator at (502) 564-3410.



Specifications

Headroom	24.75"
Holds	(2) 55 gal. Plastic or Steel Drums
Color	Green
Dimensions	67.5" W x 41.25" D x 74" H
Interior Dimensions	57" W x 33" D x 60" H
Load Capacity UDL	4500 lbs.
Sump Capacity	66 gal.
Access	2 Hinged Doors, 1 Sliding Door

Description

Load your drums into our roomy roll top hard covers for all-weather protection and liquid containment. You don't even have to remove pumps and funnels!

- Roll top slides up for easy access to drum tops while the rest of the unit stays closed; store drums with pumps or funnels in place
- Low-profile pallet with sump catches leaks, drips and spills while keeping drum tops and accessories within reach
- Weather-resistant design prevents contaminants from entering stormwater
- Heavy-duty construction allows hardcover and pallet to be lifted by a forklift with drums in place
- Low-density polyethylene (LDPE) with UV inhibitors resists UV rays, rust, corrosion and most chemicals for long, trouble-free life
- Ergonomically designed roll top only goes down to waist height to eliminate bending and reaching
- Doors and roll top can be secured with a padlock (sold separately)
- Olive drab green color is great to decrease visibility in outdoor applications
- Optional .75" drain plug lets you empty sump without removing drums or grating

PLEASE COMPLETE THE FOLLOWING FORM AND FORWARD TO THE NEXT PERSON.

PLEASE NOTE A TOPO MAP IS ATTACHED TO THIS DOCUMENT. TO VIEW IT, CHANGE YOUR WORD DOCUMENT VIEW TO "PRINT LAYOUT".

DRINKING WATER AND WATER QUALITY INFORMATION REQUEST FORM			
DISCHARGE			
PERMIT WRITER	Matthew Fields	DATE	4/19/21
KPDES NO.	KY0083755	FACILITY NO.	
FACILITY NAME	Timberland Subdivision	OUTFALL NO.	001
RECEIVING STREAM / NHD RIVER MILE	West Fork Massac Creek/ 4.1	TOPO MAP NO.	
OUTFALL LAT. / LONG.	37.07917/ -88.78111	AI #	3070
COMMENTS	McCracken Co		
DRINKING WATER			
REVIEWER	Matthew Fields	DATE	4/19/21
NEAREST DOWNSTREAM DRINKING WATER INTAKE	Cairo, IL	INTAKE COUNTY	Alexander
INTAKE WATER NAME / NHD RIVER MILE	Ohio River/ 971	TOPO MAP NO.	08-1
INTAKE LAT. / LONG.	37.02112/ -89.17889		
COMMENTS REGARDING INTAKE	Intake is appx 44.2 miles downstream.		
KPDES - WLA COORDINATOR			
REVIEWER	Matthew Fields	DATE	4/19/21
		DISCHARGE	INTAKE
LOW FLOW (7Q10), CFS		0.0 <u>1</u> /	51,000
HARMONIC MEAN, CFS		1.5 <u>2</u> /	175,000
STREAM HARDNESS, MG/L		Unknown	128
STREAM pH, SU		Unknown	7.5
COMMENTS	<u>1</u> /: Pzero > 10%, assume 7Q10=0.0 <u>2</u> /: Based on USGS equations.		

map

PLEASE COMPLETE THE FOLLOWING FORM AND FORWARD TO THE NEXT PERSON.

PLEASE NOTE A TOPO MAP IS ATTACHED TO THIS DOCUMENT. TO VIEW IT, CHANGE YOUR WORD DOCUMENT VIEW TO "PRINT LAYOUT".

DRINKING WATER AND WATER QUALITY INFORMATION REQUEST FORM			
DISCHARGE			
PERMIT WRITER	Andrew Parrish	DATE	11/22/2019
KPDES NO.	KY0045390	FACILITY NO.	12/030/002
FACILITY NAME	Airview Estates Subdivision WWTP	OUTFALL NO.	001
RECEIVING STREAM / NHD RIVER MILE	UT to Mill Creek Branch at mile point 0.85	TOPO MAP NO.	11-33
OUTFALL LAT. / LONG.	37.758472 / -85.891817	AI #	1643
COMMENTS	In Hardin Co.		
DRINKING WATER			
REVIEWER	Matthew Fields	DATE	11/22/19
NEAREST DOWNSTREAM DRINKING WATER INTAKE	Evansville Water Utility, IN	INTAKE COUNTY	Vanderburgh
INTAKE WATER NAME / NHD RIVER MILE	Ohio River/ 788.5	TOPO MAP NO.	08-7
INTAKE LAT. / LONG.	37.957651/ -87.574393		
COMMENTS REGARDING INTAKE	Intake is appx 189.5 miles downstream.		
KPDES - WLA COORDINATOR			
REVIEWER	Matthew Fields	DATE	11/22/19
		DISCHARGE	INTAKE
LOW FLOW (7Q10), CFS		0.0 <u>1/</u>	12,900
HARMONIC MEAN, CFS		0.0 <u>1/</u>	60,900
STREAM HARDNESS, MG/L		Unknown	130
STREAM pH, SU		Unknown	7.5
COMMENTS	<u>1/</u> : Area prone to intense Karst Effect, assume 7Q10=HM=0.0		

PLEASE COMPLETE THE FOLLOWING FORM AND FORWARD TO THE NEXT PERSON.

PLEASE NOTE A TOPO MAP IS ATTACHED TO THIS DOCUMENT. TO VIEW IT, CHANGE YOUR WORD DOCUMENT VIEW TO "PRINT LAYOUT".

DRINKING WATER AND WATER QUALITY INFORMATION REQUEST FORM			
DISCHARGE			
PERMIT WRITER	Andrew Parrish	DATE	2/14/2020
KPDES NO.	KY0044164	FACILITY NO.	09/004/001
FACILITY NAME	Golden Acres WWTP	OUTFALL NO.	001
RECEIVING STREAM / NHD RIVER MILE	UT to Clarks Run at mile point 18.2	TOPO MAP NO.	04-13
OUTFALL LAT. / LONG.	36.972741 / -88.480964	AI #	2935
COMMENTS	In Marshall Co		
DRINKING WATER			
REVIEWER	Matthew Fields	DATE	2/14/20
NEAREST DOWNSTREAM DRINKING WATER INTAKE	Paducah Water Works/ Paducah WTP	INTAKE COUNTY	McCracken
INTAKE WATER NAME / NHD RIVER MILE	Ohio River. 928.4	TOPO MAP NO.	08-2
INTAKE LAT. / LONG.	37.099114/ -88.607375		
COMMENTS REGARDING INTAKE	Intake is appx 24.5 miles downstream.		
KPDES - WLA COORDINATOR			
REVIEWER	Matthew Fields	DATE	2/14/20
		DISCHARGE	INTAKE
LOW FLOW (7Q10), CFS		0.0 <u>1/</u>	51,000
HARMONIC MEAN, CFS		0.0 <u>1/</u>	175,000
STREAM HARDNESS, MG/L		Unknown	106
STREAM pH, SU		Unknown	7.7
COMMENTS	<u>1/</u> : USGS equations do not apply due to small drainage area, assume 7q10=HM=0.0		

PLEASE COMPLETE THE FOLLOWING FORM AND FORWARD TO THE NEXT PERSON.

PLEASE NOTE A TOPO MAP IS ATTACHED TO THIS DOCUMENT. TO VIEW IT, CHANGE YOUR WORD DOCUMENT VIEW TO "PRINT LAYOUT".

DRINKING WATER AND WATER QUALITY INFORMATION REQUEST FORM			
DISCHARGE			
PERMIT WRITER	Fereydoon Gorjian	DATE	11/22/19
KPDES NO.	KY0080845	FACILITY NO.	09/010/009
FACILITY NAME	Great Oaks Subdivision WWTP	OUTFALL NO.	001
RECEIVING STREAM / NHD RIVER MILE	Blizzard Pond Drainage Canal/5.5 Miles	TOPO MAP NO.	04-11
OUTFALL LAT. / LONG.	36.986278/ -88.638003	AI #	3041
COMMENTS	In McCracken Co.		
DRINKING WATER			
REVIEWER	Matthew Fields	DATE	11/25/19
NEAREST DOWNSTREAM DRINKING WATER INTAKE	Paducah Water Works/ Paducah WTP	INTAKE COUNTY	McCracken
INTAKE WATER NAME / NHD RIVER MILE	Ohio River/ 928.4	TOPO MAP NO.	08-2
INTAKE LAT. / LONG.	37.099114/ -88.607375		
COMMENTS REGARDING INTAKE	Intake is appx 25.3 miles downstream.		
KPDES - WLA COORDINATOR			
REVIEWER	Matthew Fields	DATE	11/25/19
		DISCHARGE	INTAKE
LOW FLOW (7Q10), CFS		0.0 <u>1/</u>	51,000
HARMONIC MEAN, CFS		0.0 <u>2/</u>	175,000
STREAM HARDNESS, MG/L		Unknown	106
STREAM pH, SU		Unknown	7.7
COMMENTS	<u>1/</u> : Pzero>10%, assume 7Q10=0.0 <u>2/</u> : USGS equations do not apply due to small drainage area, assume HM=0.0		

map

	CBOD 20/30 Nov-Apr				NH3 5.6 Apr
Sample Date	CBOD 15/22.5 May-Oct	TSS 20/30	pH 6-9	FC 1000/2000	NH3 5/7.5 May-Oct
6/17/22			7.53		
7/7/22	12.02	11	6.7	640	5.4
7/25/22					1.5
8/11/22	2.4	8	7.37	32	1.2

This document represents the request via an electronic submittal. The details associated with transaction, including payment information, are as follows:

Payment ID: 110215

Payment Date: 05/25/2021

Amount Paid: \$1,540.00

Bill Company Name: Bluegrass Water Utility Operating Company

Bill Person Name: ,

Bill Address: 1650 Des Peres Rd, Ste 303

Bill City, State, Zip: Des Peres, MO, 63131

email: ap@cswrgroup.com

Last 4 Numbers: 4007

Name on Account: Bluegrass Water Utility Operating Company

Details:

AI ID: 3070

Name: Timberland Subdivision WWTP

ID: 258147

Amount: \$1,540.00

Credit Card Fee:

Desc: KPDES remainder small nonPOTW

This document represents the request via an electronic submittal. The details associated with transaction, including payment information, are as follows:

Payment ID: 106252

Payment Date: 09/29/2020

Amount Paid: \$900.00

Bill Company Name: Benjamin Kuenzel

Bill Person Name: ,

Bill Address: 1351 Jefferson Street, Suite 301

Bill City, State, Zip: Washington, MO, 63090

Last 4 Numbers: 6016

Name on Account: Benjamin Kuenzel

Details:

AI ID: 3070

Name: Timberland Subdivision WWTP

ID: -1

Amount: \$900.00

Credit Card Fee: \$27.00

Desc: construction permit intermed