

**KENTUCKY-AMERICAN WATER COMPANY
CASE NO. 2025-00122
ATTORNEY GENERAL'S FIRST REQUEST FOR INFORMATION**

Witness: William A. Lewis

45. Refer to the Application generally.
- a. Provide copies of all inspection reports conducted by the Kentucky Division of Water for the years 2020 – 2025.
 - b. Explain in detail whether there were any deficiencies in the inspection reports.

Response:

- a. Please see attached:

KAW_R_AGDR1_NUM045_070725_Attachment_2020
KAW_R_AGDR1_NUM045_070725_Attachment_2021
KAW_R_AGDR1_NUM045_070725_Attachment_2022
KAW_R_AGDR1_NUM045_070725_Attachment_2023
KAW_R_AGDR1_NUM045_070725_Attachment_2024

Please note, to date, there have been no inspections for 2025.

- b. There are no deficiencies in the inspection reports.



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

DIVISION OF WATER
300 SOWER BLVD
FRANKFORT, KY, 40601

August 28, 2020

Ms. Dorothy Rader
Kentucky American Water - Millersburg
304 E 4th St
Millersburg, Kentucky 40348

RE: Kentucky American Water - Millersburg
AI# 296
Permit No.: KY0090287
Bourbon County, Kentucky
Activity ID: CIN20200001

Dear Ms. Rader:

Attached for your information and records is a copy of the drinking water comprehensive inspection performed at Kentucky American Water - Millersburg on August 14, 2020.

Please review the enclosed inspection report.

If you have any questions or comments concerning this inspection, please contact the Frankfort Regional Office at: (502) 782-6449.

Sincerely,

A handwritten signature in cursive script that reads "Deborah E. Singleton".

Deborah Singleton
Environmental Inspector
Frankfort Regional Office
Division of Water

DES
Enclosure: inspection report



**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Distribution Inspection**

Site/Permit ID: KY0090287	Division: Water	Regional Office: Frankfort
Site Name: Kentucky American Water-Millersburg	Program: Drinking Water	
Site Address: 304 E 4th street		
City: Millersburg	State: KY	Zip: 40348 County: Bourbon
Inspection Type: Routine Distribution	Purpose: Comprehensive	AI #: 296
Inspection Date: 8/14/20	Time: Start 0900 AM End 1130 AM	
Latitude: N 38 17' 54.7	Longitude: W84 8 50.3	
Coordinate Collection Method: GP0-With differential correction		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky American Water-Millersburg	Contact Name: Dorothy Rader	
Phone No.: 859-268-6317	Fax No: cell-423-355-8591	Email Address: dorothy.rader@amwater.com

I. Administrative Requirements

Comments: [Not evaluated.](#)

I. Compliance Status - Not Evaluated

II. Operator Certification/Accreditation Requirements

Operator in Charge and on duty.

Operator Name	Plant Certification #	Distribution Certification #
Jon Wes Felts		IVD#18681

Comments: [A complete list of the Kentucky American Water system operators was provided during the inspection. Mr. Felts is the main distribution operator for the Millersburg system.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: [Not evaluated.](#)

III. Compliance Status - Not Evaluated

IV. Reporting Requirements

Comments: The facility provides the required timely reports to the Division of Water. Reporting is done several ways including electronically- email, text, e-notification system, and cell phones.

IV. Compliance Status - No violations observed

V. Operation & Maintenance/Performance Requirements

Plant Type: ☒ C ☐ N ☐ P Service Connections: 376 Population Served: 1011

Average Purchased MGD: 0.152 Max. Purchased MGD: 0.287 Contract Amount MGD:

Source: city of Paris Water Works Seller PWSID: KY0090343 Multiple Sellers ☐ Yes ☒ No

RATING CODES: S1 = No Violations Observed; S2= No Violations Observed-but impending viol trends obs; U1 = Out of Compliance-No action taken; U2= Out of Compliance-LOW non-recurrent Adm. or O & M; U3= Out of Compliance-NOV Issued; NA = Not Applicable; NE = Not Evaluated. (Add additional comments if U1-U3.)

SELLER INFORMATION	Seller # 1	Name City of Paris Water	PWSID# KY0090343 Contract Amount:	
	Seller # 2	Name	PWSID# Contract Amount:	
	Seller # 3	Name	PWSID# Contract Amount:	
	Seller # 4	Name	PWSID# Contract Amount:	
	Seller # 5	Name	PWSID# Contract Amount:	
STORAGE TANK INFORMATION	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:	
	S1	a) Storage Tank 1 Size: 125,000 Name: Millersburg tank	Screened Vent: <input checked="" type="checkbox"/> Overflow <input checked="" type="checkbox"/> Telemetry: <input checked="" type="checkbox"/> Last Cleaned: Coating condition: Good	
		b) Storage Tank 2 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:	
		c) Storage Tank 3 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:	
		d) Storage Tank 4 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:	
		e) Storage Tank 5 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:	
		f) Storage Tank 6 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:	
		g) Storage Tank 7 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:	
		h) Storage Tank 8 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:	
	GENERAL INFORMATION	NI	j) Master meter <input type="checkbox"/>	Last Calibrated: Recorder: <input type="checkbox"/>
		S1	k) Flushing Schedule	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No/ Frequency: as needed
		S1	l) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH Last calibrated
		S1	m) DPD reagent up-to-date	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		S1	n) Blow-off / Hydrants on dead	<input type="checkbox"/> Yes <input type="checkbox"/> No
		S1	o) Monthly operating reports	<input checked="" type="checkbox"/> Daily Record Sheet <input type="checkbox"/> Agreement: <input type="checkbox"/>
		S1	p) Bacteriological monitoring	Samples per mo. 4 Records: <input type="checkbox"/>
	BOOSTER PUMPS	S1	q) <input type="checkbox"/> Booster pumps <input checked="" type="checkbox"/> Disinfection	Capacity Disinfection Type: NA hypochlorite
NA		r) <input type="checkbox"/> Booster pumps <input type="checkbox"/> Disinfection	Capacity Disinfection Type:	
NA		s) <input type="checkbox"/> Booster pumps <input type="checkbox"/> Disinfection	Capacity Disinfection Type:	
ON SITE OBSERVATIONS	S1	t) Site Data: S-	Cl. Free: DOW Total: 1.56 pH: KAW 1.63	
	S1	u) Site Data: W- WW plant	Cl. Free: DOW Total: 2.04 pH: KAW 2.13	
	S1	v) Site Data: N-marathon	Cl. Free: DOW Total: 0.90 pH: KAW 1.06	
	S1	w) Site Data: E- Maple	Cl. Free: DOW Total: 0.73 pH: KAW 1.08	

OTHER INFORMATION	S1	x) Cross connection program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	y) Water meter replacement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	z) Valve exercise program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	aa) Is unaccounted for water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes what is % loss?
	S1	bb) Up to date distribution map	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Comments: DOW meet with Kentucky American Water employees Dorothy Rader, Mike Maggard, and Wes Felts. Observations during the inspection included disinfection booster building, GAC filter, Millersburg storage tank, and residual samples at four locations in the distribution system. Disinfection residual at all four sample locations was within required limits. No issues observed during the inspection.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance

Comments: Not applicable.

VI. Compliance Status - Not Applicable

VII. Monitoring/Analyses Evaluation

Comments: Not evaluated.

VII. Compliance Status - Not Evaluated

VIII. Environmental /Health Impact

Work Site Hazard Assessment: ☒ ATTACHED ☐ REVIEWED

Comments: No major concerns were noted at the time of the inspection.

VIII. Compliance Status – No violations observed

IX. Documentation

- ☒ Samples taken by DEP
- ☐ Samples taken by outside source
- ☐ Instrument readings taken by DEP regional office
- ☐ Photographs obtained by DEP
- ☐ Copies of records obtained by DEP
- ☐ Other documentation

Inspector: Deborah Singleton	Title: Environmental Inspector III	Date: 8/21/2020
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 Signature:
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Overall Compliance Status
<input checked="" type="checkbox"/> No violations observed
<input type="checkbox"/> No violations observed, but impending violation trends observed
<input type="checkbox"/> Out of Compliance- No action taken
<input type="checkbox"/> Out of Compliance- LOW Non-recurrent administrative or O & M
<input type="checkbox"/> Out of Compliance – NOV

Comments:

Delivery Method: Regular Mail	Cert. Mail #:
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**KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER**

Drinking Water Sanitary Survey

Managerial and Financial Assessment of Surface Water & Ground Water Systems

PWS ID: KY0340250

Agency Interest Number: 1063

AI Name: KY American Water Co

County: Fayette

Regional Office: Frankfort Regional Office

Capacity Development Inspection Date(s): September 2020*

SYSTEM CONTACT INFORMATION					
Full Name: Bob Money			Title: Water Quality & Environmental Compliance Manager		
Phone Number: 859-268-6317		FAX Number:		E-Mail Address: Bob.Money@amwater.com	
Mailing Address: 2300 Richmond Road			City: Lexington		State: KY
Physical Address of Office: 2300 Richmond Road					Zip Code: 40502
WATER TREATMENT PLANT INFORMATION					
Plant Contact Person: Brandon Smith (Plant A)			Title: Supervisor - Production		Phone Number: 859-550-3387
Physical Street Address: 6300 Cedar Creek Lane			City: Lexington, KY 40515		
Plant Type: C (community)		Plant Class: IV (>3 MGD)		Plant Capacity: 40 MGD 27,778 GPM	
WATER TREATMENT PLANT INFORMATION					
Plant Contact Person: Mike Maggard (Plant B)			Title: Supervisor - Production		Phone Number: 859-321-3674
Physical Street Address: 2400 Richmond Road			City: Lexington, KY 40502		
Plant Type: C (community)		Plant Class: IV (>3 MGD)		Plant Capacity: 25 MGD 17,361 GPM	
WATER TREATMENT PLANT INFORMATION					
Plant Contact Person: Jason Case (Plant C)			Title: Supervisor - Production		Phone Number: 859-304-0004
Physical Street Address: 16035 Hwy 127 South			City: Owenton, KY 40359		
Plant Type: C (community)		Plant Class: IV (>3 MGD)		Plant Capacity: 20 MGD 13,889 GPM	
DISTRIBUTION SYSTEM INFORMATION					
Distribution Contact Person: Justin Sensabaugh			Title: Sr. Operations Manager		Phone Number: 859-455-6749
Distribution Class: IVD-Pop. >50,000			System Service Connections (meters): 129,493		
System Population Served Calculated: 348,336			System Population Served Reported: 300,502 (WRIS)		
Meters Served Outside Your System: 44,063			Consecutive Systems Population Served Calculated: 104,313		
WATER PURCHASED, SOLD, & EMERGENCY CONNECTIONS					
WATER PURCHASED FROM: <input type="checkbox"/> Not Applicable			Number of Master Meters	Amount Monthly (average)	Amount Available by Contract (monthly)
SYSTEM NAME	PWS ID #	AI #			

WATER SOLD TO: <input type="checkbox"/> Not Applicable			Number of Master Meters	Amount Monthly (average)	Amount Available by Contract (monthly)
SYSTEM NAME	PWS ID #	AI #			

COMMENTS: Due to the Covid-19 pandemic of 2020, this Managerial and Financial Assessment was conducted remotely and reduced to the review of four (4) components: Operator Certification, Records/Map, Operation & Maintenance Manual, and Line Break Log. A full Managerial and Financial Assessment may be conducted in the future to update and complete this report.

I. OPERATOR COMPLIANCE

Are operators cross-trained (by shift, by plant, with distribution, with maintenance, etc)?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Do you have contingency plans for replacing retiring system personnel?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Who provides training/technical assistance for license renewal? (✓ all that apply): <input type="checkbox"/> AWWA <input type="checkbox"/> DCA <input type="checkbox"/> DOW <input type="checkbox"/> KRWA <input type="checkbox"/> KWWOA <input type="checkbox"/> RCAP <input type="checkbox"/> Other _____					
What type of training is typically obtained? (✓ all that apply): <input type="checkbox"/> REGULATIONS <input type="checkbox"/> SAFETY <input type="checkbox"/> UMI <input type="checkbox"/> WATER QUALITY					
Does the system pay for registration, lodging and meals?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system allow operators to attend training on company time?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	<u>Water Treatment Plant</u>	<u>Distribution System</u>			
Length of each shift:	_____ hours	_____ hours			
Number of operators per shift:	_____	_____			
How are weekends covered?	_____	_____			
How are holidays covered?	_____	_____			
Do operators leave the water plant property while the plant is producing water?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
How long are the operators typically away from the plant? _____					
What duties are they performing when they are away from the plant? _____					
OPERATOR CERTIFICATION					
LICENSEE NAME	LICENSEE AI #	LICENSE ID	LICENSE TYPE		
Please see comment below	*	*			
Is the system staffed with appropriately certified operators? (Verify certification with DCA.)			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
COMMENTS: *A Complete list of the system's operators was provided at the time of the survey					

II. MONITORING, REPORTING & DATA VERIFICATION*(Part A must be completed for all water systems. Part B must be completed for groundwater systems only.)*

PART A <i>(Complete for all water systems.)</i>		
REPORTING ITEM – Information gathered from DWW	RETENTION TIME	
<i>Bacteriological – 180 per month (See DWW)</i>	5 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Chlorine/Chloramines – Free chlorine monthly with BACTs, daily for MORs, residual chlorine monthly</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>C-T Profiling Data</i>	See if doing/min 1 year	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Individual Filter Turbidity Data (Other than MOR)</i>	3 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>MORs – Monthly (Turbidity Analysis)</i>	1 Year	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Lead & Copper – 50 every 3 years (June to September)</i>	12 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Nitrate – Annually</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Nitrite – 1 sample in the 1st 3 years of the 9 year compliance cycle</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Secondary/Corrosivity – Annually</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Sodium – annually; can be with SECs</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>IOCs (Inorganic Chemicals) – Annually</i>	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>SOCs (Synthetic Organic Compounds) – >3300, 2 quarterly samples in 12 consecutive months in 3 years.</i>	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>VOCs (Volatile Organic Chemicals) – Annually</i>	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>TOCs (Total Organic Carbon) – Monthly, Raw TOC/Alkalinity & CFE TOC</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>TTHM & HAA5 12 per Quarter (see DWW)</i>	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Asbestos – 1 sample in the 1st 3 years of the 9 year compliance cycle (SOC) *Check for Waiver (only purchasers can have waiver)*</i>	Begin 2011/2013	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>RADs (Radionuclides) – Every 6 years</i>	See if conducting	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>LT2 Cryptosporidium and E.coli Plan – 3 years after bin classification (see rule - first one is April 2009)</i>	3 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>LT2 Source Water Monitoring Avoidance</i>	3 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>LT2 Toolbox Treatment Monitoring Results</i>	3 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Stage 2 IDSE Sampling Plan or 40/30 Certification</i>	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Stage 2 IDSE Report</i>	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Bromate (Only used on systems treating with Ozone)</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Chlorine Dioxide</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Chlorite (Only used on systems treating with Chlorine Dioxide)</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Dioxin – w/SOCs if required *Check for Waiver*</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Data Summaries (if actual data not retained)</i>	12 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>NOVs (Notices of Violation)</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Sanitary Surveys (every 3 years)</i>	10 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>CCR (Consumer Confidence Report) – Annually by July 1 (by April 1 to consecutive systems)</i>	Current one on file	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Does the system maintain a current sampling plan for BacTs?	Date updated	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain a current sampling plan for LCR?	Date updated	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain a current sampling plan for DBPs?	Date updated	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have an up-to-date map of distribution assets? (Map shall show a minimum of all line sizes, cutoff valves, fire hydrants, flush hydrants, tanks, booster pumps, chlorination stations, connections to emergency or alternative sources, wholesale customer master meters, & the type of piping material in the distribution system and its location.)	Date updated Updated Continuously	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

PART B (Complete for groundwater systems only.) <input type="checkbox"/> Not Applicable		
<i>GWR Corrective Action</i>	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Public Notices</i>	3 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Fecal-positive invalidation</i>	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR State-specified minimum disinfectant residual (letter from CTAB)</i>	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Lowest daily disinfectant residual level (submitted with MOR)</i> What method is used to record this? (i.e. SCADA, chart recorders, download to CD)	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Date and duration of time less than minimum daily disinfectant residual level</i>	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Records of state-specific compliance requirements for membrane filtration and alternative treatment</i>	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

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

III. MANAGEMENT & OPERATIONS

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

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

If more than one NOV, were any for the same contaminant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Was a public notice issued when required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
What remedial measures did the system take to prevent future occurrences of these violations? _____			
Does the system maintain a log of all breaks or ruptures per 401 KAR 8:150, Section 4? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the system operating at or above 85% of its Rated Design Capacity or using at or above 85% of water available through purchase contracts? (see COW)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Plant is currently operating at _____% (gpm) and _____% (gpd) of its Rated Design Capacity.			
If system's average daily demand (including volume of water specified through contracts) exceeds 85% of total available capacity (including both plant capacity and water available through purchase contracts), does system have a plan for obtaining additional capacity, including cost and timeframes to address the needed additional capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If applicable, describe plan for obtaining additional capacity: _____			
COMMENTS:			

IV. FINANCIAL

Does the system prepare an annual operating budget? (Provide summary)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system prepare an annual capital budget? (Inspect)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Who prepares the budget? _____			
Do the operators have input into the budget?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are training and license funds built into the budget?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the governing entity review and approve the budget?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system prepare regular monthly reports to show variances between budgeted and actual revenue and expenses? (Inspect)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system maintain its financial records utilizing the Kentucky Uniform System of Accounting or a comparable system? (Inspect)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are financial statements audited by a CPA as required? (Inspect) (Water districts, special districts – i.e. regional water commissions and cities have specific requirements.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If audit is completed, does the governing entity receive and review the audit report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system employ a method for depreciation of system assets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the system operating at a retained earnings surplus? (Retained earnings is the net income that is available at the end of the year and available for transfer.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the current debt-to-equity ratio below 1.0? (The debt-to equity ratio for any given year is computed by dividing total liabilities by total equity.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the water system meet a debt coverage ratio needed for bond ordinances, loan agreements, and bond requirements? A typical value is 1.2. (Debt coverage ratio is computed by dividing cash available for debt service (net income with annual interest, depreciation, amortization, and other non-cash items added back) by debt service requirements for the year.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the water system revenue go to meet other expenses (i.e. electric, sewer or garbage)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there a documented policy for delinquent accounts? What is it? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
For accounts payable, has the system kept payments less than 45 days past due over the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Does the system write-off bad debt annually?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Where does the system typically go for financial assistance? _____				
Does the system have any long-term debts?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the system current on all debt service payments (if applicable)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the system meeting reserve account requirements (if applicable)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there an approved* rate structure in place? (Provide copy of rate sheet.) (*Approved by governing entity/PSC as applicable.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
What are the dates of the system's last 2 rate increases? _____				
Does the system perform a review annually to determine if the rates fully cover the expenses?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are long-term needs built into rate increases?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Do rates promote conservation in time of drought?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
COST OF WATER PRODUCED, PURCHASED AND SOLD				
Does the system calculate the cost to produce water?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Producers	How much does it cost your system to produce 1,000 gallons of water?	\$_____		N/A <input type="checkbox"/>
Purchasers	What is the highest wholesale price you pay per 1,000 gallons of water?	\$_____		N/A <input type="checkbox"/>
	What is the lowest wholesale price you pay per 1,000 gallons of water?	\$_____		N/A <input type="checkbox"/>
Sellers	What is your highest wholesale price which you charge per 1,000 gallons of water?	\$_____		N/A <input type="checkbox"/>
	What is your lowest wholesale price which you charge per 1,000 gallons of water?	\$_____		N/A <input type="checkbox"/>
WATER LOSS				
Does the system track water loss on a monthly basis?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Report water loss for the past year as a percentage of total water produced/purchased in gallons and as a dollar value (use \$1.50 as an example if cost to produce water is unknown).		_____% _____ gallons \$_____		
If water loss is above 15%, does the system have a plan to address this?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, describe plan to address water loss: _____				
COMMENTS:				

V. SECURITY

Does the system have a documented safety policy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system provide regular safety training to its employees?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the utility a member of the Local Emergency Planning Committee?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have an updated Emergency Response Plan that is reviewed annually? (Inspect)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the emergency response plan include a plan for responding to water shortages and loss of service?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the Emergency Response Plan exercised?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
How is the Emergency Response Plan communicated to all employees? _____				
Are there safeguards on water plant operations when operators may be doing work outside on the plant grounds?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

What types of safeguards? _____		
Does the plant ever disable the telemetry/SCADA system and run on manual?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the system developed procedures for securing computer/SCADA usage?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Are backup copies of O & M manuals maintained in a location other than the water plant?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Is the raw water, treatment, distribution, and purchased water source equipped with emergency standby power generation or is there a secondary source of power? (e.g. contracts in place with suppliers for emergency generators or dual electrical feed)	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Are backup emergency generators exercised regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Is other backup equipment exercised regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Have arrangements been made with outside contractors, other utilities, etc. to provide needed emergency equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
If the system has an inactive water plant, is the plant exercised to maintain preparedness for emergencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
How often? _____		
How is the plant disinfected prior to bringing it back on line? _____		
Is equipment shared with the wastewater plant?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
If so, how is the equipment disinfected prior to use at the water plant? _____		
COMMENTS:		

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

OVERALL COMPLIANCE STATUS		
<input checked="" type="checkbox"/> No Violations Observed		
<input type="checkbox"/> No Violations Observed – Advisory Action Taken (impending trends)		
<input type="checkbox"/> Out of Compliance – Verbal Notice Given (non-recurrent deficiency noted or violation corrected at time of inspection)		
CDPM: Ryan Reed	Title: Environmental Scientist IV	Date: 9/16/2020

Drinking Water Sanitary Survey

TECHNICAL INSPECTION OF SURFACE WATER PLANT AND DISTRIBUTION SYSTEM OPERATIONS

PWS ID: **KY0340250**Agency Interest Number: **1063; CIN20200002**AI Name: **KY American Water Co**County: **Fayette**WTP Latitude: **38.011157** WTP Longitude: **-84.465995**

CTAB Inspection Date(s): 8/19/2020 & 8/26/2020

TREATMENT PROCESS SUMMARY

Primary Source: Kentucky River @ pool #9		Maximum Pumping Rate: 51 MGD	
Secondary Source: n/a		Filter Design Rate (gpm/ft ²): 4	
Pre-sedimentation Size: n/a	Aeration: 1)N/A 2) N/A		
Sedimentation (Primary): Hydrotreator	Filter (Primary): N/A		
Sedimentation 2: 1) N/A 2) N/A	Filter 2 (if 2 different filter types): 1) N/A 2) N/A		
Total Clear Well Size (gallons): 3 MG	Total Distribution Storage Capacity (gallons): 27,807,000		
Does each component of the WTP meet 10 State Standards or has each been approved by the Division of Water? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
COMMENTS:			

CHEMICALS SUMMARY

Pre-Disinfection/Treatment: 1) Chlorine Gas 2) N/A	Primary Coagulant: Polyaluminum Chlorides/Sulfates
Post-Disinfection: 1) Chlorine Gas 2) N/A	Secondary Coagulant (Name): Polymer ferric chloride
Filter Aid Name: n/a	Corrosion Control: Phosphate-Based Inhibitor
Taste and Odor: N/A	Softening: N/A
Iron and Manganese Removal: N/A	Fluoride Supplement: Hydrofluosilicic Acid
COMMENTS: Post disinfection is chlorine gas with ammonia. secondary coagulant in use is a cationic polymer with ferric when needed. The facility has the ability to feed carbon if needed for taste and odor.	

PLANT SCHEMATIC (OPTIONAL)

<i>Include a plant schematic indicating the following details. Place an "X" in the box to indicate this item is included on the schematic.</i>	
<input type="checkbox"/> Source water type/location	<input type="checkbox"/> Major unit processes (including baffling factors and volumes)
<input type="checkbox"/> Flow measurement locations	<input type="checkbox"/> Chemical injection locations
<input type="checkbox"/> Piping Flexibility (including # of raw and finished water mains)	<input type="checkbox"/> Waste handling

I. SOURCE

SOURCE				
SOURCE NAME	WATER WITHDRAWAL NUMBER	PERMITTED AMOUNT (MGD)	IS CAPACITY ADEQUATE?	ARE THERE WATER QUALITY ISSUES?
KY River Pool #9	0200	63 MGD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Upstream land uses (✓ all that apply): <input checked="" type="checkbox"/> Farmland <input type="checkbox"/> Industry <input type="checkbox"/> Logging <input type="checkbox"/> Mining <input type="checkbox"/> Oil and Gas <input checked="" type="checkbox"/> Recreation <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Other _____				
Upstream discharges within 5 miles (✓ all that apply): <input checked="" type="checkbox"/> Farmland <input type="checkbox"/> Industry <input type="checkbox"/> Logging <input type="checkbox"/> Mining <input type="checkbox"/> Oil and Gas <input checked="" type="checkbox"/> Recreation <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Water/Wastewater Discharge <input type="checkbox"/> Other _____				
Is there a source water protection plan in place? (Call ADD if no one at plant knows.)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are there any sources of Cryptosporidium in the watershed?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe the sources: <u>farming, animals</u>				
Is the system drought-vulnerable? (Has the system ever been on water conservation or dealt with a dwindling water source during warm weather?)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Does the system perform both source and finished water quality monitoring as required?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
What type of water quality monitoring is done on the source water (✓ all that apply): <input checked="" type="checkbox"/> Alkalinity <input checked="" type="checkbox"/> BacTs <input checked="" type="checkbox"/> Hardness <input checked="" type="checkbox"/> Iron <input checked="" type="checkbox"/> Manganese <input checked="" type="checkbox"/> pH <input checked="" type="checkbox"/> Temperature <input checked="" type="checkbox"/> Turbidity <input type="checkbox"/> None				
If multiple sources are available, is the one in use the "best" in terms of both water quality and quantity?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Are there any factors that have limited the capacity of raw water source(s) within the last 10 years?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If the capacity of a raw source has been limited within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are there any unaddressed factors that have reduced the quality of raw water source(s) in the last 10 years?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If the quality of the raw water source(s) has been reduced within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are there any unaddressed factors that have limited the water available for purchase from contracted source(s) in the last 10 years?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If water available for purchase through contracted source(s) has been limited within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	
COMMENTS: Limiting factors for the capacity of raw water have been eliminated with the construction of the new KRS#2 plant. Raw water quality monitoring also includes UV254 for organics.				

INTAKE STRUCTURE							
LOCATION			TYPE	# of INLETS	SCREEN GRID SIZE	IS FLOODING A PROBLEM?	IS SILT BUILD-UP A PROBLEM?
ROAD/AREA	LATITUDE	LONGITUDE					
KY River	37,902198	84.376652	Fixed	1	1/2	NO	NO

Number of raw water mains: <u>3</u> which are: PUMPED <input checked="" type="checkbox"/> or GRAVITY FED <input type="checkbox"/>							
Is raw water flow measured? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, when was the meter last calibrated? <u>October 2019</u>							
List any chemicals fed at the source: <u>n/a</u>							
If source is a reservoir, is it aerated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
List depths of intake levels (normal pool): <u>8'</u>							
Screens are: STATIONARY <input type="checkbox"/> or MECHANICAL <input checked="" type="checkbox"/>							
Is screen clogging a problem? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
How are screens cleaned? _____							
Are Zebra mussels a problem? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, list actions taken: _____							
How often are the submerged portions of the intake inspected? <u>annually</u>							
When was the date of the last inspection? <u>2019</u>							
COMMENTS: The intake structure was not inspected during the inspection due to construction of a new tram car.							

II. TREATMENT/PUMPS

PRE-SEDIMENTATION			
N/A			
CAPACITY (gallons)	FLEXIBILITY TO BYPASS	CHEMICAL FEED CAPABILITY	LIST CHEMICALS FED
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are treatment chemicals fed at the inlet to the pre-sedimentation basin? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, is the chemical fed: ALL THE TIME <input type="checkbox"/> or INTERMITTENTLY <input type="checkbox"/> ?			
Is algae growth a problem? Yes <input type="checkbox"/> No <input type="checkbox"/>			
How often are the pre-sedimentation basin(s) cleaned? _____			
COMMENTS:			

AERATION		
N/A		
TYPE	CAPACITY (gallons)	REASON FOR AERATION
COMMENTS:		

RAPID MIX			
Inspected			
TYPE	NUMBER	VOLUME (gallons)	PHYSICAL CONDITION

Mechanical Mixer	2	27170	Good
List chemicals in the order they are fed at the rapid mix: <u>chlorine/PACL/ polymer</u>			
Is adequate mixing of chemicals taking place?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there flow splits after the rapid mix?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If so, is the flow distribution even?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
COMMENTS: The facility has the ability to feed carbon and ferric if needed.			

FLOCCULATION BASINS				
N/A				
TYPE	# of TRAINS / STAGES	VARIABLE SPEED DRIVE	VOLUME (gallons)	PHYSICAL CONDITION
	/	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	/	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List any chemicals fed in the flocculation process: _____				
What is the size and appearance of the floc? Size: <u>N/A</u> & Appearance: <u>N/A</u>				
How often are flocculation basins cleaned? _____				
Are the flocculation speeds tapered (decreased) through the flocculation stages?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there flow splits after flocculation?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is flow distribution even?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
COMMENTS:				

SEDIMENTATION BASINS					
Inspected					
TYPE	TRAINS / STAGES	VOLUME (gallons)	SQ. FT. AREA PER BASIN	% WITH TUBE SETTLERS	PHYSICAL CONDITION
Hydrotreator	10 / 1	411,000	14580	0	Good
	/				
List any chemicals fed in the sedimentation process: <u>chlorine</u>					
What is the sedimentation turbidity goal? <u><10 NTU</u>					
Where is this sample taken? <u>at the flow over the weir</u>					
What is the overflow rate of the basins? <u>0.19</u> gpm/ft ²					
If system has an Actiflo process, what is the rise rate? _____					
How often are the basins cleaned? <u>continuously</u>					
How often is sludge removed from the basins? <u>continuous</u>					
Sludge removal is: MECHANICAL <input checked="" type="checkbox"/> or MANUAL <input type="checkbox"/>					
What was the sludge depth at the time of this inspection? _____					
What was the settled water turbidity at the time of this inspection? <u>2.6</u>					
Is there evidence of short-circuiting (flow or density currents)?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is baffling present in the basins?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

If yes, describe the baffling: <u>metal plates inside the hydrotreaters</u>
If multiple sedimentation basins, describe the piping from the basins to the filters: _____
Is there evidence of floc carryover to the filters? Yes <input type="checkbox"/> No <input type="checkbox"/>
COMMENTS: All hydrotreaters were on line at the time of the inspection.

FILTERS Total Number of Filters: 10 <i>Plant flow rate divided by total square footage of filters in service at the time of inspection.</i>							
TYPE	MEDIA TYPE	FILTER RATE (at insp.)	FILTER CONTROL	SURFACE WASH TYPE	FILTER TO WASTE	FILTER AREA	PHYSICAL CONDITION
High Rate	Mixed Media	variable gpm/ft ²	Rate of Flow	Fixed Nozzle	Yes	718	Good
		gpm/ft ²					
List any chemicals fed in the filtration process: <u>chlorine</u>							
What is the filtered water turbidity goal? <u><0.10</u>							
Does this apply to the combined filter effluent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
To individual filter effluents? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
What criteria are used for filter backwash? <u>loss of head, turbidity levels and 100 hour rule</u>							
What is the backwash rate in gallons per minute? <u>2700</u>							
Is filter backwash rate ramped up and down? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is backwash flow rate measured? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Are filters ever bumped? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Is air scouring used? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
What was the combined filter effluent turbidity at time of inspection? <u>0.05 NTU</u>							
Are individual filters monitored for turbidity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Are the IFE turbidimeters calibrated per the manufacturer's instructions? (inspect documentation) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is this turbidity continuously recorded? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Can this data be retrieved in usable form from storage (tape or CDs)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is filter to waste (rewash) present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is it used? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Can turbidity be measured while filtering to waste? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Are flows adjusted on remaining in-service filters during a backwash? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
COMMENTS: On-line instrumentation upgrade on all filters has been completed.							

MEMBRANE FILTRATION	
N/A	
What type of membrane filtration is used? <u>N/A</u>	
The membrane filtration process is PRESSURE <input type="checkbox"/> or VACUUM <input type="checkbox"/> driven.	
What is the designed membrane flux (flow per unit of membrane area)? _____	
Are pre-filters used ahead of the membranes? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Describe the direct integrity testing procedure. _____	
Describe how membrane breaks are isolated and repaired. _____	
How are the membranes “backwashed”? _____	
What type of chemical cleaning is used? _____	
How is this waste handled? _____	
Have there been any operational or maintenance issues with the membranes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain: _____	
COMMENTS:	

RESIDUALS HANDLING	
What percent of plant production is used for in-plant processes (backwash, chemical feed, sanitary)? <u>1.5-2.5%</u>	
How are spent backwash water and other liquid residuals handled? <u>backwash is sent to filter bags.</u>	
If applicable, is the spent backwash holding tank/lagoon volume adequate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the plant discharge water from this tank/lagoon back to a body of water?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the plant have a KPDES discharge permit? If so, what is the permit number? <u>KY0091049</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is the discharge meeting permit requirements?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is the discharge point upstream of the intake?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, how far upstream is the discharge point from the intake? _____	
Is spent backwash water recycled?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, is the spent backwash water recycled as a: “SLUG” <input type="checkbox"/> or as a CONSTANT FLOW <input type="checkbox"/> ?	
What percent of the flow is recycled? _____%	
Are chemical feed rates adjusted during recycling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are raw water flows adjusted during recycling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all recordkeeping requirements of the <i>Filter Backwash Rule</i> being followed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are solid residuals handled? _____	
COMMENTS:	

CHEMICAL FEED EQUIPMENT				
CHEMICAL NAME	PURPOSE	FEEDER TYPE	FEED POINT	NUMBER & CONDITION
Caustic Soda	pH Adjustment	Metering Pump	Post-Clearwell	3 Good
Powdered Activated Carbon	Taste Odor	Volumetric	Quick/Flash Mix	1 Good
Polymer	Coagulation	Metering Pump	Quick/Flash Mix	2 Good
Polyaluminum Cl/SO4	Coagulation	Metering Pump	Pre Quick/Flash Mix	2 Good
Hydrofluosilicic Acid	Dental Health	Metering Pump	Clearwell	2 Good
Orthophosphate	Corrosion Control	Metering Pump	Clearwell	2 Good
Ferric Chloride	Coagulation	Metering Pump	Quick/Flash Mix	2 Good
Sodium Permanganate	Taste Odor	Metering Pump	Pre Quick/Flash Mix	2 Good

How are chemical feeders calibrated? <u>calibration cylinders</u>				
How often are chemical feeders calibrated? <u>each shift/ pumpage change</u>				
Are chemical dosages calculated?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How often are dosages calculated? <u>each shift and pumpage change</u>				
Are chemicals NSF or United Laboratories certified and approved by DOW prior to use?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do the bulk liquid feed systems have day tanks?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there at least two feeders provided for essential processes (such as coagulation and disinfection)?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are spare parts available?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there enough storage for at least a 30-day supply of chemicals used?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there containment areas around the chemicals in case of spills or leaks?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are in-plant water supplies protected from backflow (cross connections)?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does a certified tester test backflow prevention devices?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes: What is the testing frequency? <u>once/year</u> Last Tested: <u>10/2019</u>				
COMMENTS: No major concerns were noted at the time of the inspection. A new chemical building is close to being brought on-line.				

GAS CHLORINE SAFETY		
Inspected		
Is the chlorine room enclosed and separate from other operating areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a working exhaust fan in the chlorine room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does it provide one complete air change per minute?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does it exhaust from floor level?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is intake air near the ceiling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there an external audible and visual alarm?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are switches located outside the chlorine room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are chlorine tanks secured?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are the scales operational?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is automatic switchover of chlorine cylinders provided?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a shatterproof viewing window in chlorine room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a crash bar on the door of the chlorine room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the door open out and to the exterior of the building?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a SCBA unit meeting NIOSH standards outside the chlorine room?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are personnel trained to use the SCBA?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the "buddy system" practiced when changing or moving chlorine cylinders?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is leak detection provided?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is ammonia available for chlorine leak detection?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a chlorine tank repair kit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are personnel trained and certified to use the kits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COMMENTS: Appropriate emergency response personnel would be activated(fire department) for higher level leak emergencies		

requiring full SCBA. A scrubber has been installed.

CHLORINE DIOXIDE SAFETY

N/A

Many materials will catch fire and burn violently when in contact with chlorite.

Is sodium chlorite stored in a separate room? Yes ☐ No ☐

Is sodium chlorite stored away from organic material? Yes ☐ No ☐

COMMENTS:**GAS (ANHYDROUS) AMMONIA SAFETY**

Inspected

Is the ammonia room enclosed and separate from other operating areas? Yes ☒ No ☐

Is there a working exhaust fan in the ammonia room? Yes ☒ No ☐

If there is a working exhaust fan, does it provide one complete air change per minute? Yes ☒ No ☐

Does the exhaust fan exhaust from ceiling level? Yes ☒ No ☐

Is intake air near the floor? Yes ☒ No ☐

Are switches located outside the ammonia room? Yes ☒ No ☐

Are ammonia tanks secured? Yes ☒ No ☐

Is there a shatterproof viewing window in ammonia room? Yes ☒ No ☐

Is there a crash bar on the door of the ammonia room? Yes ☒ No ☐

Does the ammonia room door open out and to the exterior of the building? Yes ☒ No ☐

Is there a SCBA unit meeting NIOSH standards outside the ammonia room? Yes ☐ No ☒

Are personnel trained to use the SCBA? Yes ☐ No ☒

Is leak detection provided? Yes ☒ No ☐

If leak detection is provided, is there an external audible and visual alarm? Yes ☒ No ☐

How are ammonia leaks detected? gas detector and alarm

COMMENTS: No major concerns were noted at the time of the inspection.**DISINFECTION**

TYPE	APPLICATION POINT	REDUNDANCY AVAILABLE	FEEDER TYPE
Chlorine Gas	Quick/Flash Mix	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Chlorinator
Chlorine Gas	Pre-Filter	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Chlorinator
Chloramine	Clearwell	Yes <input type="checkbox"/> No <input type="checkbox"/>	

What is the means used to measure disinfectant chemical usage? scales

How is the disinfectant residual monitored? continuously with on-line analyzers and in house testing.

Is there an on-line, recording chlorine analyzer on the plant tap (for systems serving >3,300)? Yes ☒ No ☐

Are C-Ts calculated daily? Yes ☒ No ☐

COMMENTS:**CLEARWELLS**

VOLUME (gallons)	BAFFLING TYPE	DISINFECTANT RESIDUAL	
		TOTAL	FREE
0.486	Poor (0.3)		
2 MG	Unbaffled (0.1)		
0.490	Poor (0.3)		

List chemicals in the order in which they are fed into the clearwell: fluoride, ammonia, caustic, corrosion inhibitor

If multiple clearwells, are they:
☒ IN SERIES (one following the other) or ☐ PARALLEL (side by side and not connected)

Are hatches secured? Yes ☒ No ☐

Are vents screened? Yes ☒ No ☐

How often are clear wells cleaned? 2016

COMMENTS: No major concerns were noted at the time of the inspection.

WATER PLANT PUMPS (Low service/raw water, high service/finished water and backwash)					
FLOW STREAM	LOCATION	NUMBER OF PUMPS	CAPACITY (gpm)	PUMP TYPE	FLOW CONTROL METHOD
Primary Raw Water	intake	6	10,000	Vertical Turbine	Automatic
Primary Raw Water	intake	2	12,600	Centrifugal	Automatic
Finished Water	HS pump room	2	5,560	Vertical Turbine	Automatic
Finished Water	HS pump	1	5600		Automatic
Finished Water	HS pump room	2	7000		Automatic

Are documented maintenance and pumping records maintained for all distribution pumping stations? (minimum of pump run times, pump testing, maintenance log) Yes ☒ No ☐

Do all pumping facilities have the ability to meet demand with one pump out of service during peak demand? Yes ☒ No ☐

COMMENTS: Additional pumps include: 1 finished water at 7000 GPM and 2 backwash water at 1000 gpm each.

WATER PLANT ON-LINE INSTRUMENTATION			
TYPE	FLOW STREAM (Location)	MANUFACTURER	LAST CALIBRATION DATE
Streaming Current	Settled Water	HACH	6/2020
pH	Raw Water	HACH	6/2020
pH	Combined Filter Effluent	HACH	6/2020
Turbidity	Raw Water	HACH	6/2020
Turbidity	Individual Filter Effluent	SWAN	6/2020
Turbidity	EPTDS	SWAN	6/2020
Chlorine	Combined Filter Effluent	HACH CL 17	6/2020
Turbidity	Combined Filter Effluent	SWAN	6/2020

Chlorine	EPTDS	HACH Cl 17	6/2020
COMMENTS: A complete listing of on-line instrumentation was provided during a previous inspection.			

LABORATORY (PLANT)			
PARAMETERS TESTED	FREQUENCY	EQUIPMENT USED	CALIBRATION METHOD
turbidity	continuous	SWAN	ck and calibration standards
chlorine	continuous	HACH	ck anc calibration standards
ammonia	contunuous	ASA analytical	ck and calibration standards
fluoride	continuous	HACH	ck and calibration standards
pH	continuous	HACH	ck and calibration stadards
UV254	1/day	HACH	
speciation	continuous	ASA analytical	ck and calibration standards
hardness		titration	check sample
Is laboratory space and lighting adequate?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are analyses conducted according to approved EPA methods?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the lab have SOPs for sample collection, analysis, and reporting?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are daily log sheets used to record day-to-day operations, testing, etc?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If daily log sheets are used, are they: ELECTRONIC (on the computer) <input type="checkbox"/> or HAND-WRITTEN <input checked="" type="checkbox"/>			
COMMENTS: Standards operating procedures have been written and are being followed. instrumentation is claibrated quarterly. The faciclity maintains the required laboratory records.			

IN-PLANT SAMPLING (for example, top and bottom of filters)				
SITE	CHLORINE		pH	TURBIDITY
	FREE	TOTAL		
tap		3.63	7.5	
raw				8
settled				2.5
final				0.01
COMMENTS:				

III. DISTRIBUTION SYSTEM/FINISHED WATER STORAGE

DISTRIBUTION SYSTEM	
Does the system have standard specifications for design and construction of the distribution system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the system prohibit new connections where pressure on the discharge side of the meter will be <30 psi?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the system able to meet minimum pressure requirements of DOW and/or other regulating authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the system have a documented leak detection program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the distribution system have a sufficient number of valves to isolate portions of the system (for leak detection, maintenance, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If there are separate distribution system areas, are they interconnected with each other?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If they are not interconnected, how many separate areas are there? _____	
What prevents these systems from being interconnected? _____	
How many pressure zones are there? _____	
What is the range of distribution pressures? _____	
Do any distribution areas require reduced pressure valves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What piping materials are included in the distribution system? _____	
Does the system have a program for flushing water mains?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the process for sterilizing new mains/main breaks: _____	
What types of on-line instrumentation are located at booster or pump stations and tanks? _____	
Does the system have a documented program for exercising distribution system valves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the system have a documented program for regular testing of water meters including raw water, distributed and customer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a water meter replacement program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there main break/emergency notification procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the system have a documented procedure for issuing a boil water advisory and a consumer advisory? The procedure shall identify when (how soon after the occurrence) and how the system shall notify the affected health department, to whom that notification shall be made both during and after normal business hours, and procedures for issuing the advisory to the public. The public notification shall include instructions for the public (including how to properly boil water) and an explanation of steps being taken to correct the problem.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe how the decision is made to issue a Boil Water Advisory: _____	
Does the system have a cross-connection control program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is the cross-connection control program documented in writing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the cross-connection control program is not documented in writing, describe the process for finding and eliminating cross connections: _____	
Does a certified tester test the backflow prevention devices on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a calibrated hydraulic model been developed for the system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
COMMENTS: distribution system is covered under the Richmond Road Water treatment plant inspection.	

DISTRIBUTION STORAGE FACILITIES									
N/A									
LOCATION			VOLUME (gallons)	TANK TYPE	OVERFLOW		LAST CLEANED/ INSPECTED	TELEME -TRY	% TURNOVER (Per Day)
ROAD/AREA	LATITUDE	LONGITUDE			SCREEN/ FLAPPER	>10' FROM TANK			

Are all storage tanks professionally inspected at least every 5 years (including interior, coating systems, & piping)? How often are tanks: INSPECTED ____ and CLEANED ____?

Are all storage tanks and water plants equipped with hatches, covers, screens, vandal guards and locks and all tank sites fenced for security? Yes ☐ No ☐

Are all hatches, screens, and overflows on the storage tanks checked at least monthly? Yes ☐ No ☐

Is there corrosion protection in the tanks? Yes ☐ No ☐

COMMENTS:

DISTRIBUTION BOOSTER PUMPS AND/OR BOOSTER DISINFECTION FACILITIES

N/A

LOCATION			PUMP or DISINFECTION	NUMBER & CAPACITY OF PUMPS (gpm)	DISINFECTION TYPE	AUXILIARY POWER
ROAD/AREA	LATITUDE	LONGITUDE				
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		

DISTRIBUTION SAMPLING

(a minimum of N, S, E, W)

SITE	CHLORINE		pH	TURBIDITY	OTHER
	FREE	TOTAL			

Is the system maintaining the required chlorine (0.2 mg/l) / chloramine (0.5 mg/l) residuals in the distribution system? Yes ☐ No ☐

COMMENTS:

MAINTENANCE		
Is plant housekeeping adequate?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is distribution storage housekeeping adequate?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are adequate supplies of spare parts kept on hand?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are needed tools available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If not, is preventive maintenance performed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is a lock-out/tag-out system used for electrical repairs?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What is the general condition of operating equipment? <u>good</u>		
COMMENTS:		

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

OVERALL TECHNICAL COMPLIANCE STATUS		
<input checked="" type="checkbox"/> No Violations Observed		
<input type="checkbox"/> No Violations Observed - Advisory Action Taken (Impending trends)		
<input type="checkbox"/> Out of Compliance – Verbal notice given (Non-recurrent deficiency noted or violation corrected at time of inspection.)		
INSPECTOR: Deborah Singleton	TITLE: Environmental Inspector	DATE: 8/31/2020

PLANT SCHEMATIC (OPTIONAL)	
<p align="center"><i>Include a plant schematic indicating the following details.</i></p> <p align="center"><i>Place an "X" in the box to indicate this item is included on the schematic.</i></p>	
<input type="checkbox"/> Source water type/location	<input type="checkbox"/> Major unit processes (including baffling factors and volumes)
<input type="checkbox"/> Flow measurement locations	<input type="checkbox"/> Chemical injection locations
<input type="checkbox"/> Piping Flexibility (including # of raw and finished water mains)	<input type="checkbox"/> Waste handling

I. SOURCE

SOURCE				
SOURCE NAME	WATER WITHDRAWAL NUMBER	PERMITTED AMOUNT (MGD)	IS CAPACITY ADEQUATE?	ARE THERE WATER QUALITY ISSUES?
Kentucky River	200	63	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Jacobson Reservoir	201	16	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Upstream land uses (✓ all that apply): <input checked="" type="checkbox"/> Farmland <input type="checkbox"/> Industry <input type="checkbox"/> Logging <input type="checkbox"/> Mining <input type="checkbox"/> Oil and Gas <input checked="" type="checkbox"/> Recreation <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Other _____				
Upstream discharges within 5 miles (✓ all that apply): <input type="checkbox"/> Farmland <input type="checkbox"/> Industry <input type="checkbox"/> Logging <input type="checkbox"/> Mining <input type="checkbox"/> Oil and Gas <input checked="" type="checkbox"/> Recreation <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Water/Wastewater Discharge <input type="checkbox"/> Other _____				
Is there a source water protection plan in place? (Call ADD if no one at plant knows.)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are there any sources of Cryptosporidium in the watershed?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe the sources: <u>farming, animals</u>				
Is the system drought-vulnerable? (Has the system ever been on water conservation or dealt with a dwindling water source during warm weather?)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Does the system perform both source and finished water quality monitoring as required?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
What type of water quality monitoring is done on the source water (✓ all that apply): <input checked="" type="checkbox"/> Alkalinity <input checked="" type="checkbox"/> BacTs <input checked="" type="checkbox"/> Hardness <input checked="" type="checkbox"/> Iron <input checked="" type="checkbox"/> Manganese <input checked="" type="checkbox"/> pH <input checked="" type="checkbox"/> Temperature <input checked="" type="checkbox"/> Turbidity <input type="checkbox"/> None				
If multiple sources are available, is the one in use the "best" in terms of both water quality and quantity?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are there any factors that have limited the capacity of raw water source(s) within the last 10 years?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If the capacity of a raw source has been limited within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are there any unaddressed factors that have reduced the quality of raw water source(s) in the last 10 years?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If the quality of the raw water source(s) has been reduced within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any unaddressed factors that have limited the water available for purchase from contracted source(s) in the last 10 years?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If water available for purchase through contracted source(s) has been limited within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	
COMMENTS: Source water quality monitoring also includes testing for chlorides and taste/ odor.				

INTAKE STRUCTURE							
LOCATION			TYPE	# of INLETS	SCREEN GRID SIZE	IS FLOODING A PROBLEM?	IS SILT BUILD-UP A PROBLEM?
ROAD/AREA	LATITUDE	LONGITUDE					
Kentucky River			Fixed	1	1/2"	NO	NO
Jacobson Reservoir			Fixed	1	1/2"	NO	NO

Number of raw water mains: <u>3</u> which are: PUMPED <input checked="" type="checkbox"/> or GRAVITY FED <input type="checkbox"/>	
Is raw water flow measured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, when was the meter last calibrated? <u>08/2020</u>	
List any chemicals fed at the source: <u>carbons</u>	
Is source is a reservoir, is it aerated?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
List depths of intake levels (normal pool): <u>14.5</u>	
Screens are: STATIONARY <input checked="" type="checkbox"/> or MECHANICAL <input type="checkbox"/>	
Is screen clogging a problem?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
How are screens cleaned? _____	
Are Zebra mussels a problem?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, list actions taken: _____	
How often are the submerged portions of the intake inspected? <u>as needed</u>	
When was the date of the last inspection? <u>new screens were installed in July 2019.</u>	
COMMENTS: No major concerns were noted at the time of the inspection.	

II. TREATMENT/PUMPS

PRE-SEDIMENTATION			
N/A			
CAPACITY (gallons)	FLEXIBILITY TO BYPASS	CHEMICAL FEED CAPABILITY	LIST CHEMICALS FED
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are treatment chemicals fed at the inlet to the pre-sedimentation basin?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, is the chemical fed: ALL THE TIME <input type="checkbox"/> or INTERMITTENTLY <input type="checkbox"/> ?			
Is algae growth a problem?			Yes <input type="checkbox"/> No <input type="checkbox"/>
How often are the pre-sedimentation basin(s) cleaned? _____			
COMMENTS:			

AERATION		
N/A		
TYPE	CAPACITY (gallons)	REASON FOR AERATION
COMMENTS:		

RAPID MIX			
Inspected			
TYPE	NUMBER	VOLUME (gallons)	PHYSICAL CONDITION
Mechanical Mixer	2	7100/basin	Good

List chemicals in the order they are fed at the rapid mix: <u>polyaluminum chloride, sodium hypochlorite, NaMnO₄</u>			
Is adequate mixing of chemicals taking place?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there flow splits after the rapid mix?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If so, is the flow distribution even?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
COMMENTS: No major concerns were noted at the time of the inspection.			

FLOCCULATION BASINS				
Inspected				
TYPE	# of TRAINS / STAGES	VARIABLE SPEED DRIVE	VOLUME (gallons)	PHYSICAL CONDITION
Vertical Paddle	2 / Multiple	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	350,000	Good
	/	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List any chemicals fed in the flocculation process: <u>cationic polymer and carbon if needed</u>				
What is the size and appearance of the floc? Size: <u>OK</u> & Appearance: <u>Fluffy</u>				
How often are flocculation basins cleaned? <u>once per year or when needed</u>				
Are the flocculation speeds tapered (decreased) through the flocculation stages?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are there flow splits after flocculation?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is flow distribution even?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
COMMENTS: No major concerns were noted at the time of the inspections.				

SEDIMENTATION BASINS					
Inspected					
TYPE	TRAINS / STAGES	VOLUME (gallons)	SQ. FT. AREA PER BASIN	% WITH TUBE SETTLERS	PHYSICAL CONDITION
Conventional/Package	4 / 1	750/000		0	Good
	/				
List any chemicals fed in the sedimentation process: _____					
What is the sedimentation turbidity goal? <u><2 NTU</u>					
Where is this sample taken? <u>at basin</u>					
What is the overflow rate of the basins? <u>0.5181 gpm/ft²</u>					
If system has an Actiflo process, what is the rise rate? _____					
How often are the basins cleaned? <u>1-2 times per quarter or as needed</u>					
How often is sludge removed from the basins? <u>continuous</u>					
Sludge removal is: MECHANICAL <input checked="" type="checkbox"/> or MANUAL <input type="checkbox"/>					
What was the sludge depth at the time of this inspection? _____					
What was the settled water turbidity at the time of this inspection? <u>0.4 NTU</u>					
Is there evidence of short-circuiting (flow or density currents)?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is baffling present in the basins?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, describe the baffling: _____					

If multiple sedimentation basins, describe the piping from the basins to the filters: _____
Is there evidence of floc carryover to the filters? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
COMMENTS: No major concerns were noted at the time of the inspection.

FILTERS Total Number of Filters: 8 <i>Plant flow rate divided by total square footage of filters in service at the time of inspection.</i>							
TYPE	MEDIA TYPE	FILTER RATE (at insp.)	FILTER CONTROL	SURFACE WASH TYPE	FILTER TO WASTE	FILTER AREA	PHYSICAL CONDITION
Conventional	Dual Media	3.1 gpm/ft ²	Rate of Flow	Air Scour	Yes	496.6	Good
		gpm/ft ²					
List any chemicals fed in the filtration process: <u>nonw</u>							
What is the filtered water turbidity goal? <u><0.1 NTU</u>							
Does this apply to the combined filter effluent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
To individual filter effluents? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
What criteria are used for filter backwash? <u>increase in turbidity, loss of head, 100 hour rule</u>							
What is the backwash rate in gallons per minute? <u>5000</u>							
Is filter backwash rate ramped up and down? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is backwash flow rate measured? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Are filters ever bumped? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Is air scouring used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
What was the combined filter effluent turbidity at time of inspection? <u>0.035 NTU</u>							
Are individual filters monitored for turbidity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Are the IFE turbidimeters calibrated per the manufacturer's instructions? (inspect documentation) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is this turbidity continuously recorded? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Can this data be retrieved in usable form from storage (tape or CDs)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is filter to waste (rewash) present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is it used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Can turbidity be measured while filtering to waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Are flows adjusted on remaining in-service filters during a backwash? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
COMMENTS:							

MEMBRANE FILTRATION N/A	
What type of membrane filtration is used? <u>N/A</u>	
The membrane filtration process is PRESSURE <input type="checkbox"/> or VACUUM <input type="checkbox"/> driven.	
What is the designed membrane flux (flow per unit of membrane area)? _____	
Are pre-filters used ahead of the membranes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe the direct integrity testing procedure. _____	

Describe how membrane breaks are isolated and repaired. _____	
How are the membranes “backwashed”? _____	
What type of chemical cleaning is used? _____	
How is this waste handled? _____	
Have there been any operational or maintenance issues with the membranes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain: _____	
COMMENTS:	

RESIDUALS HANDLING	
What percent of plant production is used for in-plant processes (backwash, chemical feed, sanitary)? <u>1-2%</u>	
How are spent backwash water and other liquid residuals handled? <u>Backwash is sent to holding tanks and allowed to settle. The supernatant is decanted to Lake Ellerslie and sludge is filter pressed and used as beneficial reuse on site.</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If applicable, is the spent backwash holding tank/lagoon volume adequate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the plant discharge water from this tank/lagoon back to a body of water?	
Does the plant have a KPDES discharge permit? If so, what is the permit number? <u>KY0093301</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is the discharge meeting permit requirements?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is the discharge point upstream of the intake?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, how far upstream is the discharge point from the intake? _____	
Is spent backwash water recycled?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, is the spent backwash water recycled as a: “SLUG” <input type="checkbox"/> or as a CONSTANT FLOW <input type="checkbox"/> ?	
What percent of the flow is recycled? _____%	
Are chemical feed rates adjusted during recycling?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are raw water flows adjusted during recycling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all recordkeeping requirements of the <i>Filter Backwash Rule</i> being followed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are solid residuals handled? _____	
COMMENTS: The wastewater handling system was found to be in compliance regarding KPDES Permit #KY0093301.	

CHEMICAL FEED EQUIPMENT				
CHEMICAL NAME	PURPOSE	FEEDER TYPE	FEED POINT	NUMBER & CONDITION
Powdered Activated Carbon	Taste Odor	Peristaltic	Pre-Sedimentation	2 Good
Orthophosphate	Coagulation	Peristaltic	Pre-Flocculation	2 Good
Lime	pH Adjustment	Peristaltic	Clearwell	2 Good
Hydrofluosilicic Acid	Dental Health	Peristaltic	Clearwell	2 Good
Sodium Permanganate	Taste Odor	Peristaltic	Intake	2 Good
Polyaluminum Cl/SO4	Coagulation	Peristaltic	Quick/Flash Mix	2 Good
Polymer	Coagulation	Peristaltic	Quick/Flash Mix	2 Good

How are chemical feeders calibrated? <u>calibration cylinders</u>				
How often are chemical feeders calibrated? <u>with pumpage changes</u>				
Are chemical dosages calculated?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How often are dosages calculated? <u>continuous by SCADA system and 3 times per shift manually</u>				
Are chemicals NSF or United Laboratories certified and approved by DOW prior to use?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do the bulk liquid feed systems have day tanks?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there at least two feeders provided for essential processes (such as coagulation and disinfection)?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are spare parts available?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there enough storage for at least a 30-day supply of chemicals used?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there containment areas around the chemicals in case of spills or leaks?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are in-plant water supplies protected from backflow (cross connections)?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does a certified tester test backflow prevention devices?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes: What is the testing frequency? <u>yearly</u> Last Tested: <u>2020</u>				
COMMENTS: The facility is now using 1) sodium hypo for disinfection. 2) aqua ammonia, 3) caustic was replaced with liquid lime 4) carbon was moved from River Station #1 to the Jacobson Reservoir intake. 5) Sodium permanganate was moved from the reservoir to the River Station #1.				

GAS CHLORINE SAFETY		
N/A		
Is the chlorine room enclosed and separate from other operating areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a working exhaust fan in the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does it provide one complete air change per minute?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does it exhaust from floor level?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is intake air near the ceiling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there an external audible and visual alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are switches located outside the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are chlorine tanks secured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the scales operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is automatic switchover of chlorine cylinders provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a shatterproof viewing window in chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a crash bar on the door of the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the door open out and to the exterior of the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a SCBA unit meeting NIOSH standards outside the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are personnel trained to use the SCBA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the "buddy system" practiced when changing or moving chlorine cylinders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is leak detection provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is ammonia available for chlorine leak detection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a chlorine tank repair kit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are personnel trained and certified to use the kits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

COMMENTS:**CHLORINE DIOXIDE SAFETY**

N/A

*Many materials will catch fire and burn violently when in contact with chlorite.*Is sodium chlorite stored in a separate room? Yes ☐ No ☐Is sodium chlorite stored away from organic material? Yes ☐ No ☐**COMMENTS:****GAS (ANHYDROUS) AMMONIA SAFETY**

N/A

Is the ammonia room enclosed and separate from other operating areas? Yes ☐ No ☐Is there a working exhaust fan in the ammonia room? Yes ☐ No ☐If there is a working exhaust fan, does it provide one complete air change per minute? Yes ☐ No ☐Does the exhaust fan exhaust from ceiling level? Yes ☐ No ☐Is intake air near the floor? Yes ☐ No ☐Are switches located outside the ammonia room? Yes ☐ No ☐Are ammonia tanks secured? Yes ☐ No ☐Is there a shatterproof viewing window in ammonia room? Yes ☐ No ☐Is there a crash bar on the door of the ammonia room? Yes ☐ No ☐Does the ammonia room door open out and to the exterior of the building? Yes ☐ No ☐Is there a SCBA unit meeting NIOSH standards outside the ammonia room? Yes ☐ No ☐Are personnel trained to use the SCBA? Yes ☐ No ☐Is leak detection provided? Yes ☐ No ☐If leak detection is provided, is there an external audible and visual alarm? Yes ☐ No ☐

How are ammonia leaks detected? _____

COMMENTS:**DISINFECTION**

TYPE	APPLICATION POINT	REDUNDANCY AVAILABLE	FEEDER TYPE
Chlorine Liquid	Clearwell	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Metering Pump
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

What is the means used to measure disinfectant chemical usage? volumeHow is the disinfectant residual monitored? on-line analyzers with chart recorders, SCADA, and lab analysis.Is there an on-line, recording chlorine analyzer on the plant tap (for systems serving >3,300)? Yes ☒ No ☐Are C-Ts calculated daily? Yes ☒ No ☐**COMMENTS:** The facility is now using liquid chlorine for disinfection purposes. Aqua Ammonia is used for a chloramine system.**CLEARWELLS**

VOLUME (gallons)	BAFFLING TYPE	DISINFECTANT RESIDUAL	
		TOTAL	FREE
200,000	none	3.7	
450,000	none	3.7	

List chemicals in the order in which they are fed into the clearwell: aqua ammonia, liquid lime, and phosphate blend

If multiple clearwells, are they:
☒ IN SERIES (one following the other) or ☐ PARALLEL (side by side and not connected)

Are hatches secured? Yes ☒ No ☐

Are vents screened? Yes ☒ No ☐

How often are clear wells cleaned? disinfected yearly

COMMENTS: No major concerns were noted at the time of the inspection.

WATER PLANT PUMPS (Low service/raw water, high service/finished water and backwash)					
FLOW STREAM	LOCATION	NUMBER OF PUMPS	CAPACITY (gpm)	PUMP TYPE	FLOW CONTROL METHOD
Primary Raw Water	KY River	2	25,000	Centrifugal	Automatic
Primary Raw Water	#4 reservoir	3	14,355	Centrifugal	Automatic
Primary Raw Water	LS at plant	1	4166	Centrifugal	Automatic
Primary Raw Water	LS at plant	1	2800	Centrifugal	Automatic
Secondary Raw Source	basement of filter building	1	1000	Centrifugal	Automatic

Are documented maintenance and pumping records maintained for all distribution pumping stations? (minimum of pump run times, pump testing, maintenance log) Yes ☒ No ☐

Do all pumping facilities have the ability to meet demand with one pump out of service during peak demand? Yes ☒ No ☐

COMMENTS: The following are additional finished water pumps located in the high service pump room and are all centrifugal with automatic flow control: 1) 1@ 2780 gpm, 2) 1 @6950 GPM 3) 1 @4520 gpm 4) 1@3850 gpm 5) 1@ 2800 gpm 6) 1@4862 gpm.

No major concerns were noted at the time of the inspection.

WATER PLANT ON-LINE INSTRUMENTATION			
TYPE	FLOW STREAM (Location)	MANUFACTURER	LAST CALIBRATION DATE
Streaming Current	Raw Water	HACH	6/2020
pH	Raw Water	HACH	6/2020
Turbidity	Individual Filter Effluent	Swan	6/2020
Turbidity	Combined Filter Effluent	SWAN	6/2020
Turbidity	Tap	SWAN	6/2020
Chlorine	Combined Filter Effluent	HACH	6/2020

pH	Tap	Peek	6/2020
Chlorine	Tap	HACH	6/2020

COMMENTS: A complete list of on-line instrumentation was provided during previous inspections. Calibrations are current. NO major concerns were noted at the time of the inspection.

LABORATORY (PLANT)			
PARAMETERS TESTED	FREQUENCY	EQUIPMENT USED	CALIBRATION METHOD
turbidity	continuous	HACH	calibration and chk standards
pH	continuous	HACH	calibration and check standards
Chlorine	continuous	HACH	calibration and check standards
ammonia	continuous	ASA analytical-chemscan	calibration and check standards
phosphate	continuous	ASA analytical- chemscan	calibration and check standards
hardness	1/day	titrator	
chloride	1/day	titrator	
speciation	continuous	ASA analytical- chemscan	
UV 254	1/day	HACH	
Is laboratory space and lighting adequate? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Are analyses conducted according to approved EPA methods? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Does the lab have SOPs for sample collection, analysis, and reporting? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Are daily log sheets used to record day-to-day operations, testing, etc? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
If daily log sheets are used, are they: ELECTRONIC (on the computer) <input checked="" type="checkbox"/> or HAND-WRITTEN <input checked="" type="checkbox"/>			
COMMENTS: The laboratory was clean and operational. Standards were observed to be current. Standards operating procedures have been written. Instrumentation is calibrated quarterly. records include calibration information, analytical information, and temperature logs.			

IN-PLANT SAMPLING (for example, top and bottom of filters)				
SITE	CHLORINE		pH	TURBIDITY
	FREE	TOTAL		
Raw			7.76	12
finished	3.7		7.5	0.023
CFE				0.035

COMMENTS: No major concerns were noted at the time of the inspection.

III. DISTRIBUTION SYSTEM/FINISHED WATER STORAGE

DISTRIBUTION SYSTEM		
Does the system have standard specifications for design and construction of the distribution system?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system prohibit new connections where pressure on the discharge side of the meter will be <30 psi?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the system able to meet minimum pressure requirements of DOW and/or other regulating authority?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented leak detection program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the distribution system have a sufficient number of valves to isolate portions of the system (for leak detection, maintenance, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If there are separate distribution system areas, are they interconnected with each other?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If they are not interconnected, how many separate areas are there? _____		
What prevents these systems from being interconnected? _____		
How many pressure zones are there? <u>8</u>		
What is the range of distribution pressures? <u>35-130</u>		
Do any distribution areas require reduced pressure valves?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What piping materials are included in the distribution system? <u>AC, PVC, ductile iron and cast iron</u>		
Does the system have a program for flushing water mains?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Describe the process for sterilizing new mains/main breaks: <u>per regulations and AWWa standards</u>		
What types of on-line instrumentation are located at booster or pump stations and tanks? <u>chlorine</u>		
Does the system have a documented program for exercising distribution system valves?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented program for regular testing of water meters including raw water, distributed and customer?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a water meter replacement program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are there main break/emergency notification procedures?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented procedure for issuing a boil water advisory and a consumer advisory? The procedure shall identify when (how soon after the occurrence) and how the system shall notify the affected health department, to whom that notification shall be made both during and after normal business hours, and procedures for issuing the advisory to the public. The public notification shall include instructions for the public (including how to properly boil water) and an explanation of steps being taken to correct the problem.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Describe how the decision is made to issue a Boil Water Advisory: <u>anytime contamination is suspected, when the pressure outside the break drops below 20 PSI, repair takine moroe then 8 hours to repair, loss of chlorine.</u>		
Does the system have a cross-connection control program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, is the cross-connection control program documented in writing?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If the cross-connection control program is not documented in writing, describe the process for finding and eliminating cross connections: _____		
Does a certified tester test the backflow prevention devices on a regular basis?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Has a calibrated hydraulic model been developed for the system?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS: No major concerns were noted during the inspection. Copies of the written procedures were provided for the following: new main disinfection procedures; line break / main repair disinfection procedures, and Boil Water Guidance form.		

DISTRIBUTION STORAGE FACILITIES

Inspected

LOCATION			VOLUME (gallons)	TANK TYPE	OVERFLOW		LAST CLEANED/ INSPECTED	TELEME -TRY	% TURNOVER (Per Day)
ROAD/AREA	LATITUDE	LONGITUDE			SCREEN/ FLAPPER	>10' FROM TANK			
Muddy Ford			0.750	Elevated	YES	YES	2019	YES	>50
HUme	38.23233	-84.74165	3.0 MG	Ground	YES	YES	2016	YES	>50
Hall Tank	37.90435	-84.73824	0.2 MG	Standpipe	YES	YES	2013	YES	>50
Mt STerling			0.100 MG	Elevated	YES	YES		YES	>50
Wilson St			0.100 MG	Elevated	YES	YES		YES	>50
Brock			0.300 MG	Ground	YES	YES	2013	YES	>50
Blue Moon			0.500 MG	Elevated	YES	YES	2013	YES	>50

Are all storage tanks professionally inspected at least every 5 years (including interior, coating systems, & piping)? How often are tanks: INSPECTED every 7 years and CLEANED as needed?

Are all storage tanks and water plants equipped with hatches, covers, screens, vandal guards and locks and all tank sites fenced for security? Yes ☒ No ☐

Are all hatches, screens, and overflows on the storage tanks checked at least monthly? Yes ☒ No ☐

Is there corrosion protection in the tanks? Yes ☒ No ☐

COMMENTS: No major concerns were noted during the inspection. The tanks listed above were observed during the inspection. They were fenced and secure and were in good condition. A complete list of system tanks was provided during the inspection which included all the inspection and rehab dates.

DISTRIBUTION BOOSTER PUMPS AND/OR BOOSTER DISINFECTION FACILITIES

Not Inspected

LOCATION			PUMP or DISINFECTION	NUMBER & CAPACITY OF PUMPS (gpm)	DISINFECTION TYPE	AUXILIARY POWER
ROAD/AREA	LATITUDE	LONGITUDE				
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		

DISTRIBUTION SAMPLING

(a minimum of N, S, E, W)

SITE	CHLORINE	pH	TURBIDITY	OTHER
------	----------	----	-----------	-------

	FREE	TOTAL			
Hume Tank	DOW	2.03	KAW	2.17	On-line 1.89
Muddy Ford	dOW	1.64	KAW	1.68	
Hall tank	DOW	1.41	KAW	1.44	On-line 1.52
Brock Tank	DOW	> 2.20	KAW	3.60	
Blue Moon Tank	DOW	2.00	KAW	2.03	On-line 2.16
New Office	DOW	2.4	KAW	2.41	
Briar Hill	DOW	1.58	KAW	1.61	on-line 1.51
Mt Sterling road	DOW	0.95	KAW	0.97	
fAmily Dollar	DOW	1.32	KAW	1,34	

Is the system maintaining the required chlorine (0.2 mg/l) / chloramine (0.5 mg/l) residuals in the distribution system? Yes ☒ No ☐

COMMENTS: No major concerns were noted at the time of the inspection. All results between DOW, Kentucky American Water, and the on-line instrumentation were comparable.

MAINTENANCE

Is plant housekeeping adequate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is distribution storage housekeeping adequate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are adequate supplies of spare parts kept on hand?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are needed tools available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If not, is preventive maintenance performed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a lock-out/tag-out system used for electrical repairs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the general condition of operating equipment? <u>good</u>	

COMMENTS:

DOCUMENTATION

(✓ all that apply)

<input checked="" type="checkbox"/> Samples taken by DEP	<input type="checkbox"/> Photographs obtained by DEP
<input type="checkbox"/> Samples taken by outside source	<input checked="" type="checkbox"/> Copies of records obtained by DEP
<input checked="" type="checkbox"/> Instrument readings taken by DEP	<input type="checkbox"/> Other documentation

OVERALL TECHNICAL COMPLIANCE STATUS

<input checked="" type="checkbox"/> No Violations Observed		
<input type="checkbox"/> No Violations Observed - Advisory Action Taken (Impending trends)		
<input type="checkbox"/> Out of Compliance – Verbal notice given (Non-recurrent deficiency noted or violation corrected at time of inspection.)		
INSPECTOR: Deborah Singleton	TITLE: Environmental Inspector	DATE: 9/18/2020

<input type="checkbox"/> Source water type/location	<input type="checkbox"/> Major unit processes (including baffling factors and volumes)
<input type="checkbox"/> Flow measurement locations	<input type="checkbox"/> Chemical injection locations
<input type="checkbox"/> Piping Flexibility (including # of raw and finished water mains)	<input type="checkbox"/> Waste handling

I. SOURCE

SOURCE				
SOURCE NAME	WATER WITHDRAWAL NUMBER	PERMITTED AMOUNT (MGD)	IS CAPACITY ADEQUATE?	ARE THERE WATER QUALITY ISSUES?
Ky River @pool #3	1572	10 MGD(Jan-May, Nov, Dec) 20 MGD(June-Aug) 15 MGD(sept-Oct)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Upstream land uses (✓ all that apply): <input checked="" type="checkbox"/> Farmland <input type="checkbox"/> Industry <input type="checkbox"/> Logging <input type="checkbox"/> Mining <input type="checkbox"/> Oil and Gas <input checked="" type="checkbox"/> Recreation <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Other _____				
Upstream discharges within 5 miles (✓ all that apply): <input checked="" type="checkbox"/> Farmland <input type="checkbox"/> Industry <input type="checkbox"/> Logging <input type="checkbox"/> Mining <input type="checkbox"/> Oil and Gas <input checked="" type="checkbox"/> Recreation <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Water/Wastewater Discharge <input type="checkbox"/> Other _____				
Is there a source water protection plan in place? (Call ADD if no one at plant knows.)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are there any sources of Cryptosporidium in the watershed?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe the sources: <u>farming and animals</u>				
Is the system drought-vulnerable? (Has the system ever been on water conservation or dealt with a dwindling water source during warm weather?)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Does the system perform both source and finished water quality monitoring as required?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
What type of water quality monitoring is done on the source water (✓ all that apply): <input checked="" type="checkbox"/> Alkalinity <input checked="" type="checkbox"/> BacTs <input checked="" type="checkbox"/> Hardness <input checked="" type="checkbox"/> Iron <input checked="" type="checkbox"/> Manganese <input checked="" type="checkbox"/> pH <input checked="" type="checkbox"/> Temperature <input checked="" type="checkbox"/> Turbidity <input type="checkbox"/> None				
If multiple sources are available, is the one in use the "best" in terms of both water quality and quantity?			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any factors that have limited the capacity of raw water source(s) with in the last 10 years?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If the capacity of a raw source has been limited within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any unaddressed factors that have reduced the quality of raw water source(s) in the last 10 years?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If the quality of the raw water source(s) has been reduced within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any unaddressed factors that have limited the water available for purchase from contracted source(s) in the last 10 years?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If water available for purchase through contracted source(s) has been limited within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	
COMMENTS: No major concerns were noted at the time of the inspection.				

INTAKE STRUCTURE							
LOCATION			TYPE	# of INLETS	SCREEN GRID SIZE	IS FLOODING A PROBLEM?	IS SILT BUILD-UP A PROBLEM?
ROAD/AREA	LATITUDE	LONGITUDE					

Ky River	38.356130	-84.869978	Fixed	3	1/8	NO	NO

Number of raw water mains: 1-42" which are: PUMPED ☒ or GRAVITY FED ☐

Is raw water flow measured? Yes ☒ No ☐

If yes, when was the meter last calibrated? 12/2019 by Service Specilties

List any chemicals fed at the source: potassium permanganate

If source is a reservoir, is it aerated? Yes ☐ No ☐

List depths of intake levels (normal pool): 26'

Screens are: STATIONARY ☒ or MECHANICAL ☐

Is screen clogging a problem? Yes ☐ No ☒

How are screens cleaned? air burst

Are Zebra mussels a problem? Yes ☐ No ☐

If yes, list actions taken: KMnO4

How often are the submerged portions of the intake inspected? at least once every 2 years

When was the date of the last inspection? 2019 by Marine Solutions

COMMENTS: No major concerns were noted at the time of the inspection.

II. TREATMENT/PUMPS

PRE-SEDIMENTATION			
N/A			
CAPACITY (gallons)	FLEXIBILITY TO BYPASS	CHEMICAL FEED CAPABILITY	LIST CHEMICALS FED
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Are treatment chemicals fed at the inlet to the pre-sedimentation basin? Yes ☐ No ☐

If so, is the chemical fed: ALL THE TIME ☐ or INTERMITTENTLY ☐?

Is algae growth a problem? Yes ☐ No ☐

How often are the pre-sedimentation basin(s) cleaned? _____

COMMENTS:

AERATION		
N/A		
TYPE	CAPACITY (gallons)	REASON FOR AERATION

COMMENTS:

RAPID MIX			
Inspected			
TYPE	NUMBER	VOLUME (gallons)	PHYSICAL CONDITION
Mechanical Mixer	2	3750 each	Good
List chemicals in the order they are fed at the rapid mix: <u>PACL</u>			
Is adequate mixing of chemicals taking place?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there flow splits after the rapid mix?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If so, is the flow distribution even?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
COMMENTS: No major concerns were noted at the time of the inspection.			

FLOCCULATION BASINS				
Inspected				
TYPE	# of TRAINS / STAGES	VARIABLE SPEED DRIVE	VOLUME (gallons)	PHYSICAL CONDITION
Horizontal Paddle	4 / Multiple	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	153,000	Good
	/	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List any chemicals fed in the flocculation process: <u>polymer, chlorine, and carbon if needed</u>				
What is the size and appearance of the floc? Size: <u>OK</u> & Appearance: <u>Fluffy</u>				
How often are flocculation basins cleaned? <u>1-2 times a quarter or for maintenance reasons</u>				
Are the flocculation speeds tapered (decreased) through the flocculation stages?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there flow splits after flocculation?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is flow distribution even?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
COMMENTS: No major concerns were noted at the time of the inspection.				

SEDIMENTATION BASINS					
N/A					
TYPE	TRAINS / STAGES	VOLUME (gallons)	SQ. FT. AREA PER BASIN	% WITH TUBE SETTLERS	PHYSICAL CONDITION
Conventional with Tubes	4 / 1	156,000	1015	0% tubes/100% plates	Good
	/				
List any chemicals fed in the sedimentation process: _____					
What is the sedimentation turbidity goal? <u><2 NTU</u>					
Where is this sample taken? <u>effluent leaving the basin</u>					
What is the overflow rate of the basins? <u>4.56 gpm/ft²</u>					
If system has an Actiflo process, what is the rise rate? _____					
How often are the basins cleaned? <u>as needed</u>					
How often is sludge removed from the basins? <u>three times a day</u>					
Sludge removal is: MECHANICAL <input checked="" type="checkbox"/> or MANUAL <input type="checkbox"/>					
What was the sludge depth at the time of this inspection? _____					

What was the settled water turbidity at the time of this inspection? <u>0.17</u>
Is there evidence of short-circuiting (flow or density currents)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is baffling present in the basins? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, describe the baffling: <u>ported baffled walls</u>
If multiple sedimentation basins, describe the piping from the basins to the filters: <u>common flume</u>
Is there evidence of floc carryover to the filters? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
COMMENTS: sedimentation basins are conventional with plates.

FILTERS Total Number of Filters: 5 <i>Plant flow rate divided by total square footage of filters in service at the time of inspection.</i>							
TYPE	MEDIA TYPE	FILTER RATE (at insp.)	FILTER CONTROL	SURFACE WASH TYPE	FILTER TO WASTE	FILTER AREA	PHYSICAL CONDITION
Conventional	Mixed Media	3.4 gpm/ft ²	Rate of Flow	Air Scour	Yes	702	Good
		gpm/ft ²					
List any chemicals fed in the filtration process: <u>chlorine, polymer if needed</u>							
What is the filtered water turbidity goal? <u>≤ 0.10</u>							
Does this apply to the combined filter effluent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
To individual filter effluents? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
What criteria are used for filter backwash? <u>turbidity level, loss of head, and 100 hr rule</u>							
What is the backwash rate in gallons per minute? <u>2500 and ramped to 7500</u>							
Is filter backwash rate ramped up and down? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is backwash flow rate measured? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Are filters ever bumped? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Is air scouring used? Yes <input type="checkbox"/> No <input type="checkbox"/>							
What was the combined filter effluent turbidity at time of inspection? <u>0.04</u>							
Are individual filters monitored for turbidity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Are the IFE turbidimeters calibrated per the manufacturer's instructions? (inspect documentation) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is this turbidity continuously recorded? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Can this data be retrieved in usable form from storage (tape or CDs)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is filter to waste (rewash) present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is it used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Can turbidity be measured while filtering to waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Are flows adjusted on remaining in-service filters during a backwash? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
COMMENTS: Filters are mixed media with 12" gravel, 12" sand, and 18" antracite.							

MEMBRANE FILTRATION N/A
What type of membrane filtration is used? <u>N/A</u>

The membrane filtration process is PRESSURE <input type="checkbox"/> or VACUUM <input type="checkbox"/> driven.
What is the designed membrane flux (flow per unit of membrane area)? _____
Are pre-filters used ahead of the membranes? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the direct integrity testing procedure. _____
Describe how membrane breaks are isolated and repaired. _____
How are the membranes “backwashed”? _____
What type of chemical cleaning is used? _____
How is this waste handled? _____
Have there been any operational or maintenance issues with the membranes? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain: _____
COMMENTS:

RESIDUALS HANDLING	
What percent of plant production is used for in-plant processes (backwash, chemical feed, sanitary)? <u>1-2%%</u>	
How are spent backwash water and other liquid residuals handled? <u>backwash water is sent to clarifiers (holding tanks) and allowed to settle. Supernatant is decanted off and discharges to the KY River. Sludge is filter pressed and stored on site for beneficial reuse.</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If applicable, is the spent backwash holding tank/lagoon volume adequate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the plant discharge water from this tank/lagoon back to a body of water?	
Does the plant have a KPDES discharge permit? If so, what is the permit number? <u>KYG640175</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is the discharge meeting permit requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the discharge point upstream of the intake?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, how far upstream is the discharge point from the intake? _____	
Is spent backwash water recycled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is the spent backwash water recycled as a: “SLUG” <input type="checkbox"/> or as a CONSTANT FLOW <input type="checkbox"/> ?	
What percent of the flow is recycled? _____%	
Are chemical feed rates adjusted during recycling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are raw water flows adjusted during recycling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all recordkeeping requirements of the <i>Filter Backwash Rule</i> being followed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are solid residuals handled? _____	
COMMENTS: Wastewater compliance inspection was not performed at the time of the sanitary survey. Florence Regional Office will conduct the wastewater compliance inspection at a later time.	

CHEMICAL FEED EQUIPMENT				
CHEMICAL NAME	PURPOSE	FEEDER TYPE	FEED POINT	NUMBER & CONDITION
Powdered Activated Carbon	Taste Odor	Volumetric	Pre-Flocculation	1 Good
Caustic Soda	pH Adjustment	Metering Pump	Clearwell	2 Good
Hydrofluosilicic Acid	Dental Health	Metering Pump	Post-Clearwell	2 Good
Polyaluminum Cl/SO4	Coagulation	Metering Pump	Quick/Flash Mix	2 Good

KMnO4	Taste Odor	Metering Pump	Intake	2 Good
How are chemical feeders calibrated? <u>calibration cylinders</u>				
How often are chemical feeders calibrated? <u>with change of pumpage or as needed.</u>				
Are chemical dosages calculated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
How often are dosages calculated? <u>each shift of with change of pumpage</u>				
Are chemicals NSF or United Laboratories certified and approved by DOW prior to use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Do the bulk liquid feed systems have day tanks? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Are there at least two feeders provided for essential processes (such as coagulation and disinfection)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Are spare parts available? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Is there enough storage for at least a 30-day supply of chemicals used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Are there containment areas around the chemicals in case of spills or leaks? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Are in-plant water supplies protected from backflow (cross connections)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Does a certified tester test backflow prevention devices? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
If yes: What is the testing frequency? <u>1/year</u> Last Tested: <u>10/2019</u>				
COMMENTS: No major concerns were noted at the time of the inspection.				

GAS CHLORINE SAFETY		
Inspected		
Is the chlorine room enclosed and separate from other operating areas?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a working exhaust fan in the chlorine room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does it provide one complete air change per minute?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does it exhaust from floor level?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is intake air near the ceiling?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there an external audible and visual alarm?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are switches located outside the chlorine room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are chlorine tanks secured?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are the scales operational?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is automatic switchover of chlorine cylinders provided?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a shatterproof viewing window in chlorine room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a crash bar on the door of the chlorine room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the door open out and to the exterior of the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a SCBA unit meeting NIOSH standards outside the chlorine room?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are personnel trained to use the SCBA?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the "buddy system" practiced when changing or moving chlorine cylinders?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Is leak detection provided?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is ammonia available for chlorine leak detection?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a chlorine tank repair kit?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are personnel trained and certified to use the kits?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
COMMENTS: Facility personnel are trained for low level leak emergencies. Appropriate response personnel(fire dept) would be activated for higher level leak emergencies.		

CHLORINE DIOXIDE SAFETY		
N/A		
<i>Many materials will catch fire and burn violently when in contact with chlorite.</i>		
Is sodium chlorite stored in a separate room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is sodium chlorite stored away from organic material?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:		

GAS (ANHYDROUS) AMMONIA SAFETY		
N/A		
Is the ammonia room enclosed and separate from other operating areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a working exhaust fan in the ammonia room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If there is a working exhaust fan, does it provide one complete air change per minute?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the exhaust fan exhaust from ceiling level?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is intake air near the floor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are switches located outside the ammonia room?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are ammonia tanks secured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a shatterproof viewing window in ammonia room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a crash bar on the door of the ammonia room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the ammonia room door open out and to the exterior of the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a SCBA unit meeting NIOSH standards outside the ammonia room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are personnel trained to use the SCBA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is leak detection provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If leak detection is provided, is there an external audible and visual alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How are ammonia leaks detected? _____		
COMMENTS: liquid ammonia is used at this facility.		

DISINFECTION			
TYPE	APPLICATION POINT	REDUNDANCY AVAILABLE	FEEDER TYPE
Chlorine Gas	Clearwell	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Chlorinator
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the means used to measure disinfectant chemical usage? <u>scale weights</u>			
How is the disinfectant residual monitored? <u>on line analyzers, SCADA system, lab analysis</u>			

Is there an on-line, recording chlorine analyzer on the plant tap (for systems serving >3,300)?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are C-Ts calculated daily?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS: The facility also utilizes liquid ammonia for disinfection purposes. Ammonia is added at the post clearwell. Ammonia use is measured by a sonic level indicator.					
CLEARWELLS					
VOLUME (gallons)	BAFFLING TYPE	DISINFECTANT RESIDUAL			
		TOTAL	FREE		
800,000					
800,000					
List chemicals in the order in which they are fed into the clearwell: <u>hydrofluorosilicic acid</u>					
If multiple clearwells, are they:					
<input checked="" type="checkbox"/> IN SERIES (one following the other) or <input type="checkbox"/> PARALLEL (side by side and not connected)					
Are hatches secured?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are vents screened?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
How often are clear wells cleaned? <u>as needed.</u>					
COMMENTS: No major concerns were noted at the time of the inspection.					

WATER PLANT PUMPS					
(Low service/raw water, high service/finished water and backwash)					
FLOW STREAM	LOCATION	NUMBER OF PUMPS	CAPACITY (gpm)	PUMP TYPE	FLOW CONTROL METHOD
Primary Raw Water	intake	2	7000	Vertical Turbine	Automatic
Primary Raw Water	intake	2	4200	Vertical Turbine	Automatic
Finished Water	HS pump room	2	7000	Vertical Turbine	Automatic
Finished Water	HS pump room	2	4200	Vertical Turbine	Automatic
Backwash Water	HS pump room	2	880	Vertical Turbine	Automatic
Are documented maintenance and pumping records maintained for all distribution pumping stations? (minimum of pump run times, pump testing, maintenance log)					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do all pumping facilities have the ability to meet demand with one pump out of service during peak demand?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
COMMENTS: No major concerns were noted at the time of the inspection.					

WATER PLANT ON-LINE INSTRUMENTATION			
TYPE	FLOW STREAM (Location)	MANUFACTURER	LAST CALIBRATION DATE
Streaming Current	Raw Water	HACH	6/2020
Turbidity	Raw Water	HACH	6/2020
pH	Raw Water	HACH	6/2020

pH	Combined Filter Effluent	HACH	6/2020
Turbidity	Settled Water	HACH	6/2020
pH	Settled Water	HACH	6/2020
Chlorine	Settled Water	HACH	6/2020

COMMENTS: A complete list of online instrumentation was provided during a previous inspection. All instrumentation was calibrated in June 2020.

LABORATORY (PLANT)			
PARAMETERS TESTED	FREQUENCY	EQUIPMENT USED	CALIBRATION METHOD
chlorine	every 2 hrs/continuously	HACH	by KAW quarterly
phosphate	continuous	ASA analytical	BY KAW quarterly
fluoride	every 2 hours/continuous	Hydrodyne	by KAW quarterly
hardness	1/week	titration	check standard
pH	continuous	HACH	by KAW quarterly
turbidity	continuously	HACH	by KAW quarterly
alkalinity	1/day	titration	
organics/ UV254	daily	HACH0DR5000	
Is laboratory space and lighting adequate?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are analyses conducted according to approved EPA methods?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the lab have SOPs for sample collection, analysis, and reporting?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are daily log sheets used to record day-to-day operations, testing, etc?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If daily log sheets are used, are they: ELECTRONIC (on the computer) <input checked="" type="checkbox"/> or HAND-WRITTEN <input checked="" type="checkbox"/>			
COMMENTS: Standards were observed to be current. records include calibration information, analytical information, temperature logs and check sample information.			

IN-PLANT SAMPLING (for example, top and bottom of filters)				
SITE	CHLORINE		pH	TURBIDITY
	FREE	TOTAL		
CFE	5.0		7.1	0.04
top of filter	0.57		7.1	0.25
plant effluent	4.5		7.1	0.05
raw			7.3	13
plant effluent- on line	4.3		7.1	0.052

COMMENTS:**III. DISTRIBUTION SYSTEM/FINISHED WATER STORAGE**

DISTRIBUTION SYSTEM	
Does the system have standard specifications for design and construction of the distribution system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the system prohibit new connections where pressure on the discharge side of the meter will be <30 psi?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the system able to meet minimum pressure requirements of DOW and/or other regulating authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the system have a documented leak detection program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the distribution system have a sufficient number of valves to isolate portions of the system (for leak detection, maintenance, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If there are separate distribution system areas, are they interconnected with each other?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If they are not interconnected, how many separate areas are there? _____	
What prevents these systems from being interconnected? _____	
How many pressure zones are there? _____	
What is the range of distribution pressures? _____	
Do any distribution areas require reduced pressure valves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What piping materials are included in the distribution system? _____	
Does the system have a program for flushing water mains?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the process for sterilizing new mains/main breaks: _____	
What types of on-line instrumentation are located at booster or pump stations and tanks? _____	
Does the system have a documented program for exercising distribution system valves?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the system have a documented program for regular testing of water meters including raw water, distributed and customer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a water meter replacement program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there main break/emergency notification procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the system have a documented procedure for issuing a boil water advisory and a consumer advisory? The procedure shall identify when (how soon after the occurrence) and how the system shall notify the affected health department, to whom that notification shall be made both during and after normal business hours, and procedures for issuing the advisory to the public. The public notification shall include instructions for the public (including how to properly boil water) and an explanation of steps being taken to correct the problem.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe how the decision is made to issue a Boil Water Advisory: _____	
Does the system have a cross-connection control program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is the cross-connection control program documented in writing?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the cross-connection control program is not documented in writing, describe the process for finding and eliminating cross connections: _____	
Does a certified tester test the backflow prevention devices on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a calibrated hydraulic model been developed for the system?	Yes <input type="checkbox"/> No <input type="checkbox"/>

COMMENTS: The distribution system inspection is included under the Richmond Road Plant sanitary survey.

DISTRIBUTION STORAGE FACILITIES

Not Inspected

LOCATION			VOLUME (gallons)	TANK TYPE	OVERFLOW		LAST CLEANED/ INSPECTED	TELEME -TRY	% TURNOVER (Per Day)
ROAD/AREA	LATITUDE	LONGITUDE			SCREEN/ FLAPPER	>10' FROM TANK			

Are all storage tanks professionally inspected at least every 5 years (including interior, coating systems, & piping)? How often are tanks: INSPECTED ____ and CLEANED ____?

Are all storage tanks and water plants equipped with hatches, covers, screens, vandal guards and locks and all tank sites fenced for security? Yes ☐ No ☐

Are all hatches, screens, and overflows on the storage tanks checked at least monthly? Yes ☐ No ☐

Is there corrosion protection in the tanks? Yes ☐ No ☐

COMMENTS:

DISTRIBUTION BOOSTER PUMPS AND/OR BOOSTER DISINFECTION FACILITIES

N/A

LOCATION			PUMP or DISINFECTION	NUMBER & CAPACITY OF PUMPS (gpm)	DISINFECTION TYPE	AUXILIARY POWER
ROAD/AREA	LATITUDE	LONGITUDE				
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		

DISTRIBUTION SAMPLING

(a minimum of N, S, E, W)					
SITE	CHLORINE		pH	TURBIDITY	OTHER
	FREE	TOTAL			

Is the system maintaining the required chlorine (0.2 mg/l) / chloramine (0.5 mg/l) residuals in the distribution system? Yes ☐ No ☐

COMMENTS:

MAINTENANCE		
Is plant housekeeping adequate?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is distribution storage housekeeping adequate?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are adequate supplies of spare parts kept on hand?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are needed tools available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If not, is preventive maintenance performed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a lock-out/tag-out system used for electrical repairs?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What is the general condition of operating equipment? <u>good</u>		
COMMENTS:		

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

OVERALL TECHNICAL COMPLIANCE STATUS		
<input checked="" type="checkbox"/> No Violations Observed		
<input type="checkbox"/> No Violations Observed - Advisory Action Taken (Impending trends)		
<input type="checkbox"/> Out of Compliance – Verbal notice given (Non-recurrent deficiency noted or violation corrected at time of inspection.)		
INSPECTOR: Deborah Singleton	TITLE: Environmental Inspector	DATE: 8/31/2020



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

DIVISION OF WATER
875 S MAIN ST
LONDON, KY, 407411902

October 2, 2020

Kentucky American Water - Eastern Rockcastle
Brush Creek Rd
Mount Vernon, Kentucky 40456

RE: Kentucky American Water - Eastern Rockcastle
Permit No.: KY1020288
Rockcastle County, Kentucky
Activity ID: CIN20200001

Dear Mr. Money:

Attached for your information and records is a copy of the Non-comprehensive Drinking Water Inspection performed at Kentucky American Water - Eastern Rockcastle on September 23, 2020.

If you have any questions or comments concerning this inspection, please contact the London Regional Office at: (606) 330-2080.

Sincerely,

A handwritten signature in black ink that reads "Rob Miller".

Rob Miller
Environmental Inspector
London Regional Office
Division of Water

RM
Enclosure:



**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Distribution Inspection**

Site/Permit ID: KY1020288	Division: Water	Regional Office: London
Site Name: Kentucky American Water - Eastern Rockcastle	Program: Drinking Water	
Site Address: 9264 Main Street		
City: Livingston	State: KY	Zip: 40445 County: Rockcastle
Inspection Type: Routine Distribution	Purpose: Noncomprehensive	AI #: 34097
Inspection Date: 9/23/20	Time: Start 11:00 AM End 3:00 PM	
Latitude:	Longitude:	
Coordinate Collection Method:		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky American Water - Eastern Rockcastle	Contact Name: Robert Money 859-268-6317	
Phone No.: Livingston Office 606-453-0019	Fax No:	Email Address: bob.money@amwater.com

I. Administrative Requirements

Comments:

I. Compliance Status - No violations observed

II. Operator Certification/Accreditation Requirements
--

Operator in Charge and on duty.

Operator Name	Plant Certification #	Distribution Certification #
Justin Sensabaugh		20165 - IV

Comments: [Mr. Sensabaugh's license is good through 6/30/22.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments:

III. Compliance Status - Not Evaluated

IV. Reporting Requirements

Comments:

IV. Compliance Status - No violations observed

V. Operation & Maintenance/Performance Requirements

Plant Type: ☐ C ☐ N ☒ P Service Connections: 621 Population Served: 1670

Average Purchased MGD: 0.11 Max. Purchased MGD: Contract Amount MGD:

Source: Seller PWSID: Multiple Sellers ☒ Yes ☐ No

RATING CODES: S1 = No Violations Observed; S2= No Violations Observed-but impending viol trends obs;
U1 = Out of Compliance-No action taken; U2= Out of Compliance-LOW non-recurrent Adm. or O & M;
U3= Out of Compliance-NOV Issued; NA = Not Applicable; NE = Not Evaluated. (Add additional comments if U1-U3.)

SELLER INFORMATION	Seller # 1	Name Jackson County	PWSID# KY0550209 Contract Amount: 0.028 MGD
	Seller # 2	Name Mt. Vernon	PWSID# KY1020299 Contract Amount: 0.011 MGD
	Seller # 3	Name Livingston	PWSID# KY1020253 Contract Amount: 0.015 MGD
	Seller # 4	Name	PWSID# Contract Amount:
	Seller # 5	Name	PWSID# Contract Amount:
STORAGE TANK INFORMATION	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
	NI	a) Storage Tank 1 Size: 80,000 Name: Three Links (Jackson Co.	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
	NI	b) Storage Tank 2 Size: 15,000 Name: Sand Springs aka Pongo	Screened Vent: <input checked="" type="checkbox"/> Overflow <input checked="" type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		c) Storage Tank 3 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		d) Storage Tank 4 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		e) Storage Tank 5 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		f) Storage Tank 6 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		g) Storage Tank 7 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		h) Storage Tank 8 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		j) Master meter <input type="checkbox"/>	Last Calibrated: Recorder: <input type="checkbox"/>
	NI	k) Flushing Schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No/ Frequency:
	NI	l) Chlorine Test Kit <input type="checkbox"/>	Type: Last calibrated
	NI	m) DPD reagent up-to-date	<input type="checkbox"/> Yes <input type="checkbox"/> No
	NI	n) Blow-off / Hydrants on dead	<input type="checkbox"/> Yes <input type="checkbox"/> No
	GENERAL INFORMATION	S1	o) Monthly operating reports
S1		p) Bacteriological monitoring	Samples per mo. 5 Records: <input checked="" type="checkbox"/>
BOOSTER PUMPS		NI	q) <input checked="" type="checkbox"/> Booster pumps <input type="checkbox"/> Disinfection
	NI	r) <input checked="" type="checkbox"/> Booster pumps <input type="checkbox"/> Disinfection	Capacity 2 @ 80 Disinfection Type:
	NI	s) <input checked="" type="checkbox"/> Booster pumps <input type="checkbox"/> Disinfection	Capacity 2 @ 60 Disinfection Type:
ON SITE OBSERVATIONS	S1	t) Site Data: Miller's - River Rd	Cl. Free: 0.84 Total: pH: Turbidity: 0.8
	S1	u) Site Data: 11924 Sand Springs	Cl. Free: 0.38 Total: pH: Turbidity: 0.83
	S1	v) Site Data: Morning View Ch	Cl. Free: 0.67 Total: pH: Turbidity: 0.38

	S1	w) Site Data: Climax Fire Dept	Cl. Free:0.68 Total: pH: Turbidity:0.58
OTHER INFORMATION	NI	x) Cross connection program	<input type="checkbox"/> Yes <input type="checkbox"/> No
	NI	y) Water meter replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No
		z) Valve exercise program	<input type="checkbox"/> Yes <input type="checkbox"/> No
	NI	aa) Is unaccounted for water	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes what is % loss?
	NI	bb) Up to date distribution map	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:**V. Compliance Status** - No violations observed**VI. Discharge/Emission Compliance****Comments:****VI. Compliance Status** - Not Applicable**VII. Monitoring/Analyses Evaluation****Comments:****VII. Compliance Status** - No violations observed**VIII. Environmental /Health Impact**

Work Site Hazard Assessment:

☒ ATTACHED ☐ REVIEWED**Comments:****VIII. Compliance Status** – No violations observed**IX. Documentation**

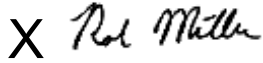
- ☐ Samples taken by DEP
- ☐ Samples taken by outside source
- ☒ Instrument readings taken by DEP regional office
- ☐ Photographs obtained by DEP
- ☐ Copies of records obtained by DEP
- ☐ Other documentation

Inspector: Rob Miller**Title:** Environmental Control Supervisor**Date:** 9/23/20

/

Signature:

10/6/2020

A handwritten signature in black ink that reads "Rob Miller". The signature is written in a cursive style with a large "X" at the beginning.

Signed by: Rob Miller

Overall Compliance Status

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | No violations observed |
| <input type="checkbox"/> | No violations observed, but impending violation trends observed |
| <input type="checkbox"/> | Out of Compliance- No action taken |
| <input type="checkbox"/> | Out of Compliance- LOW Non-recurrent administrative or O & M |
| <input type="checkbox"/> | Out of Compliance – NOV |

Comments:

Delivery Method: Regular Mail

Cert. Mail #: N/A



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

DIVISION OF WATER
300 SOWER BLVD
FRANKFORT, KY, 40601

June 9, 2021

Kentucky American Water - Millersburg
304 E 4th St
Millersburg, Kentucky 40348

RE: Kentucky American Water – Millersburg
A.I. 296
Permit No.: KY0090287
Bourbon County, Kentucky
Activity ID: CIN20210001

To Whom It May Concern:

Attached for your information and records is a copy of the DW NonComp-Purchaser performed at Kentucky American Water - Millersburg on May 21, 2021.

If you have any questions or comments concerning this inspection, please contact the Frankfort Regional Office at: (502) 564-3358.

Sincerely,

A handwritten signature in black ink, appearing to read "Jarod Jones".

Jarod Jones
Environmental Inspector
Frankfort Regional Office
Division of Water

**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Distribution Inspection**

Site/Permit ID: KY0090287	Division: Water	Regional Office: Frankfort
Site Name: Kentucky American Water-Millersburg	Program: Drinking Water	
Site Address: 304 E 4th street		
City: Millersburg	State: KY	Zip: 40348 County: Bourbon
Inspection Type: Routine Distribution	Purpose: Noncomprehensive	AI #: 296
Inspection Date: 5/21/21	Time: Start 1000 AM End 1200 PM	
Latitude: N 38 17' 54.7	Longitude: W84 8 50.3	
Coordinate Collection Method: GP0-With differential correction		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky American Water-Millersburg	Contact Name: Bob Money	
Phone No.: 859-268-6317	Fax No: cell: 859-797-7374	Email Address: Bob.Money@amwater.com

I. Administrative Requirements

Comments: [Not evaluated.](#)

I. Compliance Status - Not Evaluated

II. Operator Certification/Accreditation Requirements
--

Operator in Charge and on duty.

Operator Name	Plant Certification #	Distribution Certification #
Jon Wes Felts		IVD#18681

Comments: [Mr. Felts is the main distribution operator for the Millersburg system. Ky American has multiple certified operators.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: [Not evaluated.](#)

III. Compliance Status - Not Evaluated

IV. Reporting Requirements

Comments: The facility provides the required timely reports to the Division of Water.

IV. Compliance Status - No violations observed

V. Operation & Maintenance/Performance Requirements

Plant Type: ☒ C ☐ N ☐ P Service Connections: 376 Population Served: 1011

Average Purchased MGD: 0.152 Max. Purchased MGD: 0.287 Contract Amount MGD:

Source: City of Paris Water Works Seller PWSID: KY0090343 Multiple Sellers ☐ Yes ☒ No

RATING CODES: S1 = No Violations Observed; S2= No Violations Observed-but impending viol trends obs;
U1 = Out of Compliance-No action taken; U2= Out of Compliance-LOW non-recurrent Adm. or O & M;
U3= Out of Compliance-NOV Issued; NA = Not Applicable; NE = Not Evaluated. (Add additional comments if U1-U3.)

SELLER INFORMATION	Seller # 1	Name City of Paris Water	PWSID# KY0090343 Contract Amount:
	Seller # 2	Name	PWSID# Contract Amount:
	Seller # 3	Name	PWSID# Contract Amount:
	Seller # 4	Name	PWSID# Contract Amount:
	Seller # 5	Name	PWSID# Contract Amount:
STORAGE TANK INFORMATION	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
	S1	a) Storage Tank 1 Size: 125,000	Screened Vent: <input checked="" type="checkbox"/> Overflow <input checked="" type="checkbox"/> Telemetry: <input checked="" type="checkbox"/>
		Name: Millersburg tank	Last Cleaned: Coating condition: Good
		b) Storage Tank 2 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
		c) Storage Tank 3 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
		d) Storage Tank 4 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
		e) Storage Tank 5 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
		f) Storage Tank 6 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
		g) Storage Tank 7 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
GENERAL INFORMATION	NI	j) Master meter <input type="checkbox"/>	Last Calibrated: Recorder: <input type="checkbox"/>
	S1	k) Flushing Schedule	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No/ Frequency: as needed
	S1	l) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH Last calibrated
	S1	m) DPD reagent up-to-date	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	n) Blow-off / Hydrants on dead	<input type="checkbox"/> Yes <input type="checkbox"/> No
	S1	o) Monthly operating reports	<input checked="" type="checkbox"/> Daily Record Sheet <input type="checkbox"/> Agreement: <input type="checkbox"/>
	S1	p) Bacteriological monitoring	Samples per mo. 4 Records: <input type="checkbox"/>
BOOSTER PUMPS	S1	q) <input type="checkbox"/> Booster pumps <input checked="" type="checkbox"/> Disinfection	Capacity Disinfection Type: NA hypochlorite
	NA	r) <input type="checkbox"/> Booster pumps <input type="checkbox"/> Disinfection	Capacity Disinfection Type:
	NA	s) <input type="checkbox"/> Booster pumps <input type="checkbox"/> Disinfection	Capacity Disinfection Type:
ON SITE OBSERVATIONS	S1	t) Site Data: South - near tank	Cl. Free: DOW Total: 1.49 pH: KAW 1.34
	S1	u) Site Data: East - 6 th st.	Cl. Free: DOW Total: 1.50 pH: KAW 1.42
	S1	v) Site Data: West - Marathon	Cl. Free: DOW Total: 1.02 pH: KAW 1.01
	S1	w) Site Data: North - Oak Ave.	Cl. Free: DOW Total: 1.32 pH: KAW 1.14
OTHER INFORMATION	S1	x) Cross connection program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	y) Water meter replacement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	z) Valve exercise program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

	S1	aa) Is unaccounted for water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes what is % loss?
	S1	bb) Up to date distribution map	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Comments: No issues observed during the inspection. All components inspected were clean and well maintained.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance

Comments: Not applicable.

VI. Compliance Status - Not Applicable

VII. Monitoring/Analyses Evaluation

Comments: Not evaluated.

VII. Compliance Status - Not Evaluated

VIII. Environmental /Health Impact

Work Site Hazard Assessment: ☒ ATTACHED ☐ REVIEWED

Comments: No major concerns were noted at the time of the inspection.

VIII. Compliance Status – No violations observed

IX. Documentation

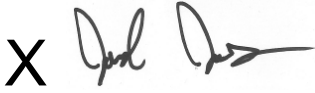
- ☒ Samples taken by DEP
- ☐ Samples taken by outside source
- ☒ Instrument readings taken by DEP regional office
- ☒ Photographs obtained by DEP
- ☐ Copies of records obtained by DEP
- ☐ Other documentation

Inspector: Jarod Jones

Title: Environmental Inspector II

Date: 05/21/2021

5/26/2021

**Signature:** Signed by: Jarod Jones**Overall Compliance Status**

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | No violations observed |
| <input type="checkbox"/> | No violations observed, but impending violation trends observed |
| <input type="checkbox"/> | Out of Compliance- No action taken |
| <input type="checkbox"/> | Out of Compliance- LOW Non-recurrent administrative or O & M |
| <input type="checkbox"/> | Out of Compliance – NOV |

Comments: No compliance issues noted during the inspection.Delivery Method: [E-mail](#)

Cert. Mail #:



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

DIVISION OF WATER
300 SOWER BLVD
FRANKFORT, KY, 40601

July 16, 2021

Mr. Bob Money
KY American Water Co
2300 Richmond Rd
Lexington, Kentucky 40502

RE: KY American Water Co -- 1063
Permit No.: KY0340250
Fayette County, Kentucky
Activity ID: CIN20210001

Dear Mr. Money:

Attached for your information and records is a copy of the drinking water non-comprehensive inspection performed at KY American Water Co on June 21, 2021.

Please review the enclosed inspection report.

If you have any questions or comments concerning this inspection, please contact the Frankfort Regional Office at: (502) 564-3358.

Sincerely,

A handwritten signature in black ink that reads "Deborah E. Singleton".

Deborah Singleton
Environmental Inspector
Frankfort Regional Office
Division of Water

DES
Enclosure:



**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Surface Inspection**

Site/Permit ID: KY0340250	Division: Water	Regional Office: Frankfort
Site Name: Kentucky American Water Plant C	Program: Drinking Water	
Site Address: 16035 hwy 127 south		
City: Owenton	State: KY	Zip: 40359 County: Owen
Inspection Type: Routine Surface	Purpose: Noncomprehensive	AI #: 1063
Inspection Date: 6/21/21	Time: Start 09:00 AM End 11:30 AM	
Latitude:	Longitude:	
Coordinate Collection Method: G40-Handheld receiver		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky River station #2	Contact Name: Robert Money	
Phone No.: 859-335-3660	Fax No: 859-335-3388	Email Address: bob.money@amwater.com

I. Administrative Requirements

Comments: [Not evaluated. Non-comprehensive inspection performed](#)

I. Compliance Status - Not Evaluated

II. Operator Certification/Accreditation Requirements
--

Operator in Charge or on duty.

Operator Name	Plant Certification #	Distribution Certification #
Scott Huddleston	IVA#21329	
Justin Sensabaugh		IVD#20165

Comments: [A complete list of operators was provided during the inspection. No concerns noted.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: [Not evaluated.](#)

III. Compliance Status - Not Evaluated

IV. Reporting Requirements

Comments: **The facility provides timely reports to the Division of Water as required.**

IV. Compliance Status - No violations observed

V. Operation & Maintenance/Performance Requirements

Plant Type: ☒ C ☐ N ☐ P Service Connections: Population Served:
 Average Production MGD: **7.93** Max. Production MGD: **14.8** Design Capacity MGD: **20.0 MGD**
 Source: **Kentucky River pool #3**

RATING CODES: S1=No Violations Observed; S2=No Violations Obs-but impending viol trends obs; U1=Out of Compliance-No action taken; U2= Out of Comp-LOW non-recurrent Adm. or O & M; U3= Out of Compliance-NOV; NA = Not Applicable; NE = Not Evaluated. **(Add additional comments if U1-U3.)**

	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
CHEMICAL & PHYSICAL TREATMENT	NI	a) Intakes, pumps, piping <input type="checkbox"/>	# Of Levels # Pumps Max pump.
	NA	b) Aeration <input type="checkbox"/>	
	S1	c) Rapid mix <input checked="" type="checkbox"/>	Type: If other: mechanical mixer
	S1	d) Flocculation <input checked="" type="checkbox"/>	# of Stages 4 # of Trains Variable Speed
	S1	e) Sedimentation <input checked="" type="checkbox"/>	Type: Conventional # of trains: 4
	NI	f) Chemical feed coagulation	
	NI	g) Carbon Feed: <input type="checkbox"/>	Feed Site1: Feed Site 2:
	S1	h) Filters & controls	Mixed Media Filter to Waste <input checked="" type="checkbox"/>
	S1	i) Filters / size sq.ft each./ rate	# 5 Size 702 Filtration Rate: 5
	S1	j) Automatic analyzers:	Chlorine: <input checked="" type="checkbox"/> Turbidity: <input checked="" type="checkbox"/> Each filter: <input checked="" type="checkbox"/> pH: <input checked="" type="checkbox"/>
	NI	k) Chemical storage:	Dry on pallets? <input type="checkbox"/> Chemical containment: <input type="checkbox"/>
	NI	l) Clearwell / screened vents	Size: Baffling: <input type="checkbox"/> Locked <input type="checkbox"/> Screened <input type="checkbox"/>
	NI	m) Pumps # and size in gpm	High Service @ Backwash @
SITE DATA	S1	n) Site Data: BM tank	Cl. Free: DOW Total: 2.8 pH: KAWC :2.56
	S1	o) Site Data: office	Cl. Free: DOW Total: 2.9 pH: KAWC 2.8
	S1	p) Site Data: brock	Cl. Free: DOW Total: 3.8 pH: KAWC 3.72
	S1	q) Site Data: on-line	Cl. Free: BM tank Total: 2.9 pH: brock 3.74
DISINFECTION	NI	r) Disinfection Pre: <input type="checkbox"/> Post: <input type="checkbox"/>	Pre Type: Post type:
	NI	s) Automatic chlorinator <input type="checkbox"/>	Automatic changeover <input type="checkbox"/> Proper Fan <input type="checkbox"/>
	NI	t) Separate room & ventilation	Crash Bar <input type="checkbox"/> Alarm <input type="checkbox"/>
	NI	u) Safety equipment	SCBA <input type="checkbox"/> Ammonia <input type="checkbox"/> Detector <input type="checkbox"/>
LABORATORY & RECORDS	S1	v) Laboratory equipment	Adequate Space <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Lighting : <input checked="" type="checkbox"/>
	S1	(1) Turbidimeter <input checked="" type="checkbox"/>	Type: HACH Last calibrated: 2/26/21
	S1	(2) Adequate reagent supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	(3) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH DPD reagent up-to-date: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	NI	w) Monthly operating reports	<input type="checkbox"/> Daily Record Sheet <input type="checkbox"/> Agreement: <input type="checkbox"/>
	S1	x) Housekeeping	good
DISTRIBUTION	NI	y) Master meter ; Recorder	Raw: <input type="checkbox"/> Finished: <input type="checkbox"/> ; Raw: <input type="checkbox"/> Finished: <input type="checkbox"/>
	NI	z) Blowoffs / hydrants; flushing	Flushing Schedule: <input type="checkbox"/> Blowoffs on deadends: <input type="checkbox"/>
	S1	aa) Water storage:	# of Tanks Total Storage:
	NI	bb) Booster pumps / chlorinators	Booster pumps: <input type="checkbox"/> Booster chlorinators: <input type="checkbox"/>
PLANT ON SITE OBSERVATION	S1	cc) Plant Data:	Cl free: online-4.61 total: 4.3 pH: 7.1
	S1	dd) Turbidity	Raw: 36 Settled: 0.16 Combined Filter: 0.03
	NI	ee) Bacteriological monitoring	Samples per mo. Records: <input type="checkbox"/>
	NI	ff) No cross-connections observed	None observed: <input type="checkbox"/> Observed: <input type="checkbox"/> Program: <input type="checkbox"/>

	S1	gg) Wastewater discharge	KPDES Is sizing adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO
--	----	--------------------------	---------------------------	---

Comments: A Division of Water Non-Comprehensive inspection was conducted on May 21, 2021. no major concerns were noted during the inspection. The floc basins, sedimentation basins, laboratory, and filters were observed. The basins are cleaned monthly. The laboratory was satisfactory. Instrumentation was last calibrated by Morsten Technical Services on February 26, 2021. Standards were observed to be current. Standard Operating Procedures have been developed.

The Brock and Blue moon tanks were observed during the inspection. Both tanks were fenced, secure, and had overflow protection installed. Distribution system chlorine readings were acceptable and comparable between the DOW and KAWC readings along with the on-line instrumentation reading.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance

Comments: A KPDES wastewater discharge inspection was performed after the drinking water inspection.

VI. Compliance Status - No violations observed

VII. Monitoring/Analyses Evaluation

Comments: Not evaluated.

VII. Compliance Status - Not Evaluated

VIII. Environmental /Health Impact

Work Site Hazard Assessment : ☒ ATTACHED ☐ REVIEWED

Comments:

VIII. Compliance Status – No violations observed

IX. Documentation

- ☒ Samples taken by DEP
- ☐ Samples taken by outside source
- ☐ Instrument readings taken by DEP regional office
- ☐ Photographs obtained by DEP
- ☒ Copies of records obtained by DEP

☐ Other documentation

Inspector: Deborah Singleton	Title: Environmental Inspector III	Date: July 8, 2021
--	--	------------------------------------

Signature:

Deborah E. Singleton

Overall Compliance Status

- ☒ No violations observed
- ☐ No violations observed, but impending violation trends observed
- ☐ Out of Compliance- No action taken
- ☐ Out of Compliance LOW non-recurrent administrative or O & M
- ☐ Out of Compliance - NOV

Comments:

Delivery Method: Regular Mail	Cert. Mail #:
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Inspection Report

GenTrack Item # 225

Section	Field Name	Response
Facility		
	Inspector ID	4
	PWS ID:	0340250A
	Category:	Plants
	Facility Name:	KENTUCKY AMERICAN WATER CO. A
	Status:	Active
	Status Date:	
	Address 1:	6300 Cedar Creek Lane (plant)
	Address 2:	2300 Richmond Road (mail)
	City:	LEXINGTON
	State:	KY
	Zip Code:	40515
	Phone:	859-268-6317
	Email:	bob.money@amwater.com
	County:	Fayette
	Fluoridation:	Yes
	Contact First Name:	Bob
	Contact Last Name:	Money
	Contact Address 1:	
	Contact Address 2:	
	Contact Phone Number	859-268-6317

GenTrack Item # 225 - 7

Section	Field Name	Response
General		
	Inspection Date:	08/17/2021
	Inspector:	Lucas Bentley
	Inspector Information:	275 east Main Street Frankfort KY 40621 Office Phone: 502-564-3246 Home Phone: Lucas.Bentley@ky.gov Active
	Contact First Name:	Ed
	Contact Last Name:	Sturgis
	Contact Address 1:	

Contact Address 2:	Bob Money (cell)
Contact Phone:	859-268-6317
Certification Number:	25173
Water Source:	Surface Water
Fluoridation Type:	Acid
Service Connections:	116000
Populations Served:	290000.0
AVG Production:	30 MGD
Flow Rate:	30.4 mgd
Design Capacity:	54 MGD
PWSI Number:	0340250a
GPS Coordinates:	37.903847, -84.378059

Chemical Treatment

Activated Carbon:	No
Aluminum Chloride (Brennfloc):	No
Aluminum Chlorohydrate:	No
Aluminum Potassium:	No
Aluminum Sulfate:	No
Amonia:	Yes
Calcium Hydroxide:	No
Calcium Oxide:	No
Carbon Dioxide:	No
Charcoal:	No
Chlorine:	Yes
Chlorine Dioxide:	No
Copper Sulfate:	No
Ferric Chloride:	Yes
Ferric Sulfate:	No
Fluorosilic Acid:	Yes
Hydrochloirc Acid:	No
Hydrochlorites:	No
Hydrogen Peroxide:	No
Hydroxide Ammonium:	No
Phosphate:	No
Polyaluminum Chloride:	No
Polyelectrolytes:	No
Polyphosphates:	No
Potassium Hydroxide:	No

	Potassium Permanganate:	Yes
	Silica:	No
	Sodium Aluminate:	No
	Sodium Bicarbonate:	No
	Sodium Carbonate:	No
	Sodium Chloride:	Yes
	Sodium Fluoride:	No
	Sodium Fluorosilicate:	No
	Sodium Hydroxide:	No
	Sodium Permanganate:	No
	Sodium Thiosulfite:	No
	Sulfur Dioxide:	No
	Sulfuric Acid:	No
	Ultraviolet:	No
	Others:	POLYMER, ORTHOPHOSPHATE,

Plant Safety Equipment

	Syphon Breakers Rating:	Satisfactory
	Comments:	
	Ventilation Rating:	Satisfactory
	Comments:	
	Storage Rating:	Satisfactory
	Comments:	
	Method Of Measurement:	Volumetric
	Method of Measurement Rating:	Satisfactory
	Comments:	ULTRA SONIC

Operator Safety Equipments

	Respirator:	Satisfactory
	Comments:	
	Face Shield:	Satisfactory
	Comments:	
	Gloves:	Satisfactory
	Comments:	
	Apron:	Satisfactory
	Comments:	

Laboratory and Records

	Tester Brands:	CH EZ-CHECK
	Tester Brand Rating:	Satisfactory

	Comments:	
	Adequate Reagent Supply:	Satisfactory
	Comments:	
	Reagent Up-To-Date:	Satisfactory
	Comments:	
	Monthly Operating Reports:	Satisfactory
	Last Month AVG-Daily Usage in Pounds:	773.0
	Last Month AVG Daily Pre-Population Results:	3.7
	Last Month AVG Tap Reading:	0.88
	Last Month AVG Raw Reading:	0.20
	Comments:	
	Housekeeping:	Satisfactory
	Comments:	

Distribution

	Master Meter:	Satisfactory
	Comments:	
	Point Of Injection:	Satisfactory
	Comments:	PRIOR TO THE CLEARWELL.
	Chemical Feeder:	Satisfactory
	Comments:	Day Tank - 280g max Bulk Tank - 8200 max
	Feeder's Brand:	Jesco
	Feeder Size:	
	Setting:	
	Speed:	
	Stroke:	

On-Site Observation

	Fluoride Rating:	Satisfactory
	Comments:	PLANT IN COMPLIANCE ALL YEAR. SAMPLES SENT IN ON TIME. WELL RUN PLANT. VERY PROFESSIONAL PLANT.
	Private Labs:	State Lab
	Split Rating:	Satisfactory
	Comments:	
	Insp:	1.03
	Plant:	0.88
	LAB:	0.85

Inspection Report

GenTrack Item # 226

Section	Field Name	Response
Facility		
	Inspector ID	4
	PWS ID:	0340250B
	Category:	Plants
	Facility Name:	KENTUCKY AMERICAN WATER CO. B
	Status:	Active
	Status Date:	
	Address 1:	2300 RICHMOND RD
	Address 2:	
	City:	LEXINGTON
	State:	KY
	Zip Code:	40505
	Phone:	859 268-6317
	Email:	bob.money@amwater.com
	County:	Fayette
	Fluoridation:	Yes
	Contact First Name:	Bob
	Contact Last Name:	Money
	Contact Address 1:	
	Contact Address 2:	
	Contact Phone Number	859 268-6317

GenTrack Item # 226 - 7

Section	Field Name	Response
General		
	Inspection Date:	08/17/2021
	Inspector:	Lucas Bentley
	Inspector Information:	275 east Main Street Frankfort KY 40621 Office Phone: 502-564-3246 Home Phone: Lucas.Bentley@ky.gov Active
	Contact First Name:	Ben
	Contact Last Name:	Corbin
	Contact Address 1:	

	Contact Address 2:	
	Contact Phone:	859 268-6348
	Certification Number:	16483
	Water Source:	Surface Water
	Fluoridation Type:	Acid
	Service Connections:	130000
	Populations Served:	325000.0
	AVG Production:	12 MGD
	Flow Rate:	7 MGD
	Design Capacity:	25 MGD
	PWSI Number:	0340250b
	GPS Coordinates:	37.904274 -84.377505

Chemical Treatment

	Activated Carbon:	Yes
	Aluminum Chloride (Brennfloc):	No
	Aluminum Chlorohydrate:	No
	Aluminum Potassium:	No
	Aluminum Sulfate:	No
	Amonia:	Yes
	Calcium Hydroxide:	No
	Calcium Oxide:	No
	Carbon Dioxide:	No
	Charcoal:	No
	Chlorine:	Yes
	Chlorine Dioxide:	No
	Copper Sulfate:	Yes
	Ferric Chloride:	No
	Ferric Sulfate:	No
	Fluorosilic Acid:	Yes
	Hydrochloirc Acid:	No
	Hydrochlorites:	No
	Hydrogen Peroxide:	No
	Hydroxide Ammonium:	No
	Phosphate:	No
	Polyaluminum Chloride:	No
	Polyelectrolytes:	No
	Polyphosphates:	No
	Potassium Hydroxide:	No

	Potassium Permanganate:	Yes
	Silica:	No
	Sodium Aluminate:	No
	Sodium Bicarbonate:	No
	Sodium Carbonate:	No
	Sodium Chloride:	Yes
	Sodium Fluoride:	No
	Sodium Fluorosilicate:	No
	Sodium Hydroxide:	No
	Sodium Permanganate:	No
	Sodium Thiosulfite:	No
	Sulfur Dioxide:	No
	Sulfuric Acid:	No
	Ultraviolet:	No
	Others:	POLYMER, ORTHOPHOSHATE.

Plant Safety Equipment

	Syphon Breakers Rating:	Satisfactory
	Comments:	
	Ventilation Rating:	Satisfactory
	Comments:	
	Storage Rating:	Satisfactory
	Comments:	
	Method Of Measurement:	Volumetric
	Method of Measurement Rating:	Satisfactory
	Comments:	ULTRA SONIC

Operator Safety Equipments

	Respirator:	Satisfactory
	Comments:	
	Face Shield:	Satisfactory
	Comments:	
	Gloves:	Satisfactory
	Comments:	
	Apron:	Satisfactory
	Comments:	

Laboratory and Records

	Tester Brands:	CH EZ-CHECK
	Tester Brand Rating:	Satisfactory

	Comments:	
	Adequate Reagent Supply:	Satisfactory
	Comments:	
	Reagent Up-To-Date:	Satisfactory
	Comments:	
	Monthly Operating Reports:	Satisfactory
	Last Month AVG-Daily Usage in Pounds:	320.7
	Last Month AVG Daily Pre-Population Results:	3.7
	Last Month AVG Tap Reading:	0.85
	Last Month AVG Raw Reading:	0.42
	Comments:	
	Housekeeping:	Satisfactory
	Comments:	

Distribution

	Master Meter:	Satisfactory
	Comments:	
	Point Of Injection:	Satisfactory
	Comments:	AFTER FILTERS
	Chemical Feeder:	Satisfactory
	Comments:	Setting: 1.03 GPH
	Feeder's Brand:	Vacon
	Feeder Size:	6.1 GPH
	Setting:	
	Speed:	
	Stroke:	

On-Site Observation

	Fluoride Rating:	Satisfactory
	Comments:	PLANT IN COMPLIANCE ALL YEAR. SAMPLES SENT IN ON TIME. WELL RUN PLANT. VERY PROFESSIONAL PLANT.
	Private Labs:	
	Split Rating:	Satisfactory
	Comments:	Serve as their own certified lab
	Insp:	0.98
	Plant:	0.83
	LAB:	0.71



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

DIVISION OF WATER
300 SOWER BLVD
FRANKFORT, KY, 40601

October 1, 2021

Mr. Bob Money
KY American Water Co
2300 Richmond Rd
Lexington, Kentucky 40502

RE: KY American Water Co -- 1063
Permit No.: KY0340250
Fayette County, Kentucky
Activity ID: CIN20210003

Dear Mr. Money:

Attached for your information and records is a copy of the drinking water non-comprehensive inspection performed at KY American Water Co- plant A on September 2, 2021.

Please review the enclosed inspection report.

If you have any questions or comments concerning this inspection, please contact the Frankfort Regional Office at: (502) 564-3358.

Sincerely,

A handwritten signature in black ink that reads "Deborah E. Singleton".

Deborah Singleton
Environmental Inspector
Frankfort Regional Office
Division of Water

DES
Enclosure:



**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Surface Inspection**

Site/Permit ID: KY0340250	Division: Water	Regional Office: Frankfort
Site Name: Kentucky Americal Water- Plant A	Program: Drinking Water	
Site Address: 6300 Cedar Creek Road		
City: Lexington	State: KY	Zip: 40515 County: Fayette
Inspection Type: Routine Surface	Purpose: Noncomprehensive	AI #: 1063
Inspection Date: 9/2/21	Time: Start 0830 AM End 0930 AM	
Latitude: 37 54' 16"	Longitude: 84 22' 42"	
Coordinate Collection Method: G40-Handheld receiver		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky American Water- Plant A	Contact Name: Robert Money	
Phone No.: 858-335-3660	Fax No: 859-335-3388	Email Address: bob.money@amwater.com

I. Administrative Requirements

Comments: [The facility has not received any enforcement actions since the previous inspection.](#)

I. Compliance Status - No violations observed

II. Operator Certification/Accreditation Requirements

Operator in Charge or on duty.

Operator Name	Plant Certification #	Distribution Certification #
Edwin Sturgis	Class 4A, #81	
Janet Bemiss	IVA#1551	I

Comments: [A complete list of operators was provided during the inspection.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: [Not evaluated. Non-comprehensive inspection performed.](#)

III. Compliance Status - Not Evaluated

IV. Reporting Requirements

Comments: **Not evaluated. Non-comprehensive inspection performed.**

IV. Compliance Status - Not Evaluated

V. Operation & Maintenance/Performance Requirements

Plant Type: ☒ C ☐ N ☐ P Service Connections: 129,493 Population Served: 348,336

Average Production MGD: 23.23 Max. Production MGD: 32.16 Design Capacity MGD: 45

Source: Kentucky River

RATING CODES: S1=No Violations Observed; S2=No Violations Obs-but impending viol trends obs; U1=Out of Compliance-No action taken; U2= Out of Comp-LOW non-recurrent Adm. or O & M; U3= Out of Compliance-NOV; NA = Not Applicable; NE = Not Evaluated. **(Add additional comments if U1-U3.)**

	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
CHEMICAL & PHYSICAL TREATMENT	S1	a) Intakes, pumps, piping <input checked="" type="checkbox"/>	# Of Levels 1 # Pumps 6 Max pump.
	NA	b) Aeration <input type="checkbox"/>	
	NI	c) Rapid mix <input type="checkbox"/>	Type: If other:
	NA	d) Flocculation <input type="checkbox"/>	# of Stages # of Trains Variable Speed
	S1	e) Sedimentation <input checked="" type="checkbox"/>	Type: Hydrotreator # of trains:
	NI	f) Chemical feed coagulation	
	NI	g) Carbon Feed: <input type="checkbox"/>	Feed Site 1: Feed Site 2:
	S1	h) Filters & controls	Mixed Media Filter to Waste <input checked="" type="checkbox"/>
	S1	i) Filters / size sq.ft each./ rate	# 10 Size 718 Filtration Rate: 4
	NI	j) Automatic analyzers:	Chlorine: <input type="checkbox"/> Turbidity: <input type="checkbox"/> Each filter: <input type="checkbox"/> pH: <input type="checkbox"/>
	NI	k) Chemical storage:	Dry on pallets? <input type="checkbox"/> Chemical containment: <input type="checkbox"/>
	NI	l) Clearwell / screened vents	Size: Baffling: <input type="checkbox"/> Locked <input type="checkbox"/> Screened <input type="checkbox"/>
	NI	m) Pumps # and size in gpm	High Service 61 @ Backwash @
	SITE DATA		n) Site Data:
		o) Site Data:	Cl. Free: Total: pH:
		p) Site Data:	Cl. Free: Total: pH:
		q) Site Data:	Cl. Free: Total: pH:
DISINFECTION	NI	r) Disinfection Pre: <input type="checkbox"/> Post: <input type="checkbox"/>	Pre Type: Post type:
	NI	s) Automatic chlorinator <input type="checkbox"/>	Automatic changeover <input type="checkbox"/> Proper Fan <input type="checkbox"/>
	NI	t) Separate room & ventilation	Crash Bar <input type="checkbox"/> Alarm <input type="checkbox"/>
	NI	u) Safety equipment	SCBA <input type="checkbox"/> Ammonia <input type="checkbox"/> Detector <input type="checkbox"/>
LABORATORY & RECORDS	S1	v) Laboratory equipment	Adequate Space <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Lighting : <input checked="" type="checkbox"/>
	S1	(1) Turbidimeter <input checked="" type="checkbox"/>	Type: HACH Last calibrated: 2/24/2021
	S1	(2) Adequate reagent supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	(3) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH DPD reagent up-to-date: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	S1	w) Monthly operating reports	<input checked="" type="checkbox"/> Daily Record Sheet <input checked="" type="checkbox"/> Agreement: <input checked="" type="checkbox"/>
	S1	x) Housekeeping	good
DISTRIBUTION	NA	y) Master meter ; Recorder	Raw: <input type="checkbox"/> Finished: <input type="checkbox"/> ; Raw: <input type="checkbox"/> Finished: <input type="checkbox"/>
	NA	z) Blowoffs / hydrants; flushing	Flushing Schedule: <input type="checkbox"/> Blowoffs on deadends: <input type="checkbox"/>
	NA	aa) Water storage:	# of Tanks Total Storage:
	NA	bb) Booster pumps / chlorinators	Booster pumps: <input type="checkbox"/> Booster chlorinators: <input type="checkbox"/>
PLANT ON SITE OBSERVATION	S1	cc) Plant Data:	Cl free: total: 3.11 pH: 6.98
	S1	dd) Turbidity	Raw: 16.0 Settled: 1.7 Combined Filter: 0.05
	NI	ee) Bacteriological monitoring	Samples per mo. Records: <input type="checkbox"/>
	NI	ff) No cross-connections observed	None observed: <input type="checkbox"/> Observed: <input type="checkbox"/> Program: <input type="checkbox"/>

	S1	gg) Wastewater discharge	Is sizing adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO
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Comments: The facility was clean and operational at the time of the inspection. The new intake access car system has been completed. Flow is directed through arapid mix where DelPAC 202 and other polymers are added. Water is then processed through hydrotreaters. All five hydrotreater valve houses have been reworked and new Swan Sewnaos Turbiwell instrumentation has been installed. Weekly calibration checks are performed on all sampling equipment by facility personnel. A new THM on-line analyzer has been installed on the plant effluent. The new chemical building has been completed. The facility is now using liquid chlorine for disinfection. Chemical areas are marked appropriately and are secure.

The laboratory was satisfactory. Standards were observed to be current. Records observed during the inspection include analytical bench sheets, temperature log books, and calibration logs.

Laboratory instrumentation was calibrated by an outside source in February 2021. The plant on-line chlorine and bench top chlorine readings were comparable.

The distribution system for this plant is associated with the Richmond Road facility.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance

Comments: Not evaluated.

VI. Compliance Status - Not Evaluated

VII. Monitoring/Analyses Evaluation

Comments: Not evaluated.

VII. Compliance Status - Not Evaluated

VIII. Environmental /Health Impact

Work Site Hazard Assessment : ☒ ATTACHED ☐ REVIEWED

Comments: No major concerns were noted at the time of the inspection.

VIII. Compliance Status – No violations observed

IX. Documentation

- ☒ Samples taken by DEP
- ☐ Samples taken by outside source
- ☐ Instrument readings taken by DEP regional office
- ☐ Photographs obtained by DEP

- ☒ Copies of records obtained by DEP
☒ Other documentation

Inspector: Deborah Singleton	Title: Environmental Inspector III	Date: 9/17/2021
--	--	---------------------------------

Signature: DES

Overall Compliance Status
<input checked="" type="checkbox"/> No violations observed
<input type="checkbox"/> No violations observed, but impending violation trends observed
<input type="checkbox"/> Out of Compliance- No action taken
<input type="checkbox"/> Out of Compliance LOW non-recurrent administrative or O & M
<input type="checkbox"/> Out of Compliance - NOV

Comments:

Delivery Method: Regular Mail	Cert. Mail #:
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ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

DIVISION OF WATER
300 SOWER BLVD
FRANKFORT, KY, 40601

October 4, 2021

Mr. Bob Money
KY American Water Co
2300 Richmond Rd
Lexington, Kentucky 40502

RE: KY American Water Co -- 1063
Permit No.: KY0340250
Fayette County, Kentucky
Activity ID: CIN20210005

Dear Mr. Money:

Attached for your information and records is a copy of the drinking water non-comprehensive inspection performed at KY American Water Co Plant B on September 2, 2021.

Please review the enclosed inspection report.

If you have any questions or comments concerning this inspection, please contact the Frankfort Regional Office at: (502) 564-3358.

Sincerely,

A handwritten signature in black ink that reads "Deborah E. Singleton".

Deborah Singleton
Environmental Inspector
Frankfort Regional Office
Division of Water

DES
Enclosure:



**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Surface Inspection**

Site/Permit ID: KY0340250	Division: Water	Regional Office: Frankfort
Site Name: Kentucky American Water- Plant B	Program: Drinking Water	
Site Address: 2300 Richmond Road		
City: Lexington	State: KY	Zip: 40502 County: Fayette
Inspection Type: Routine Surface	Purpose: Noncomprehensive	AI #: 1063
Inspection Date: 9/2/21	Time: Start 10:00 AM End 14:00 PM	
Latitude: 37 39' 24"	Longitude: 84 26' 11"	
Coordinate Collection Method: G40-Handheld receiver		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky American Water- Plant-B	Contact Name: Robert Money	
Phone No.: 423-355-8591	Fax No: 859-335-3388	Email Address: bob.money@amwater.com

I. Administrative Requirements

Comments: [The facility has not received any enforcement actions since the previous inspection.](#)

I. Compliance Status - No violations observed

II. Operator Certification/Accreditation Requirements

Operator in Charge or on duty.

Operator Name	Plant Certification #	Distribution Certification #
Nathan Coyle	IVA#31126	
Benjamin Corbin	IVA#16483	
Richard Howard	IVA#20165	

Comments: [A full list of operators was provided during the inspection. Justin Sensabaugh is in charge of the distribution system: active Class IVD, license #20165.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: [Not evaluated. Non-comprehensive inspection performed.](#)

III. Compliance Status - Not Evaluated

IV. Reporting Requirements

Comments: **Not evaluated.**

IV. Compliance Status - Not Evaluated

V. Operation & Maintenance/Performance Requirements

Plant Type: ☒ C ☐ N ☐ P Service Connections: 129493 Population Served: 348,336

Average Production MGD: 9.39 Max. Production MGD: 16.39 MGD

Design Capacity MGD: 25 MGD

Source: Kentucky River and Jacobson Reservoir.

RATING CODES: S1=No Violations Observed; S2=No Violations Obs-but impending viol trends obs; U1=Out of Compliance-No action taken; U2= Out of Comp-LOW non-recurrent Adm. or O & M; U3= Out of Compliance-NOV; NA = Not Applicable; NE = Not Evaluated. (Add additional comments if U1-U3.)

	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
CHEMICAL & PHYSICAL TREATMENT	NI	a) Intakes, pumps, piping <input type="checkbox"/>	# Of Levels # Pumps Max pump.
	NA	b) Aeration <input type="checkbox"/>	
	S1	c) Rapid mix <input checked="" type="checkbox"/>	Type: Mechanical paddle If other:
	S1	d) Flocculation <input type="checkbox"/>	# of Stages 2 # of Trains 2 Variable Speed yes
	S1	e) Sedimentation <input type="checkbox"/>	Type: Conventional # of trains: 4
	S1	f) Chemical feed coagulation	Alum-polymer blends
	NA	g) Carbon Feed: <input type="checkbox"/>	Feed Site 1: Feed Site 2:
	S1	h) Filters & controls	Mixed Media Filter to Waste <input checked="" type="checkbox"/>
	S1	i) Filters / size sq.ft each./ rate	# 8 Size Filtration Rate: 4
	S1	j) Automatic analyzers:	Chlorine: <input checked="" type="checkbox"/> Turbidity: <input checked="" type="checkbox"/> Each filter: <input checked="" type="checkbox"/> pH: <input checked="" type="checkbox"/>
	S1	k) Chemical storage:	Dry on pallets? <input checked="" type="checkbox"/> Chemical containment: <input checked="" type="checkbox"/>
	NI	l) Clearwell / screened vents	Size: 1.2 MG Baffling: <input checked="" type="checkbox"/> Locked <input checked="" type="checkbox"/> Screened <input checked="" type="checkbox"/>
	NI	m) Pumps # and size in gpm	High Service 6 @ Backwash 2 @ 9933
SITE DATA	S1	n) Site Data: Clays Mill	Cl. Free: DOW Total: 1.7 pH: on-line : 1.54
	S1	o) Site Data: Clays Mill	Cl. Free: WTP Total: 1.55 pH:
	S1	p) Site Data: Mercer	Cl. Free: DOW Total: 2.6 pH: On-Line 2.50
	S1	q) Site Data: Mercer	Cl. Free: WTP Total: 2.25 pH:
DISINFECTION	NI	r) Disinfection Pre: <input type="checkbox"/> Post: <input type="checkbox"/>	Pre Type: Post type:
	NA	s) Automatic chlorinator <input checked="" type="checkbox"/>	Automatic changeover <input checked="" type="checkbox"/> Proper Fan <input checked="" type="checkbox"/>
	NA	t) Separate room & ventilation	Crash Bar <input checked="" type="checkbox"/> Alarm <input checked="" type="checkbox"/>
	NA	u) Safety equipment	SCBA <input checked="" type="checkbox"/> Ammonia <input checked="" type="checkbox"/> Detector <input checked="" type="checkbox"/>
LABORATORY & RECORDS	S1	v) Laboratory equipment	Adequate Space <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Lighting : <input checked="" type="checkbox"/>
	S1	(1) Turbidimeter <input checked="" type="checkbox"/>	Type: HACH Last calibrated: 02/2021
	S1	(2) Adequate reagent supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	(3) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH DPD reagent up-to-date: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	S1	w) Monthly operating reports	<input checked="" type="checkbox"/> Daily Record Sheet <input checked="" type="checkbox"/> Agreement: <input checked="" type="checkbox"/>
	S1	x) Housekeeping	Good
DISTRIBUTION	NI	y) Master meter ; Recorder	Raw: <input checked="" type="checkbox"/> Finished: <input checked="" type="checkbox"/> ; Raw: <input checked="" type="checkbox"/> Finished: <input checked="" type="checkbox"/>
	NI	z) Blowoffs / hydrants; flushing	Flushing Schedule: <input checked="" type="checkbox"/> Blowoffs on deadends: <input checked="" type="checkbox"/>
	S1	aa) Water storage:	# of Tanks 12 Total Storage:
	NI	bb) Booster pumps / chlorinators	Booster pumps: <input checked="" type="checkbox"/> Booster chlorinators: <input type="checkbox"/>

PLANT ON SITE OBSERVATION	SI	cc) Plant Data:	Cl free: total: 3.15 pH: 7.36
	SI	dd) Turbidity	Raw:7 Settled:0.16 Combined Filter:0.026
	NI	ee) Bacteriological monitoring	Samples per mo. Records: <input type="checkbox"/>
	NI	ff) No cross-connections observed	None observed: <input type="checkbox"/> Observed: <input type="checkbox"/> Program: <input checked="" type="checkbox"/>
	NI	gg) Wastewater discharge	Is sizing adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO

Comments: The Division of Water conducted a comprehensive inspection on September 2, 2021. The inspection included a tour of the facility's process, laboratory procedures, and the KAW distribution system. No major concerns were noted during the inspection. The facility was clean and operational. Raw water is continually monitored as it enters the plant and is then directed to the rapid mix, floc basins, and sedimentation basins. The flow leaving the weirs were satisfactory. Basins are cleaned quarterly. Filters were satisfactory and used on a rotating basis. Online instrumentation is calibrated quarterly. Flow leaves the filters and is directed to one of two chlorine contact basins.

The new chemical building has been completed. The facility now used liquid chlorine for disinfection purposes. Liquid lime is now used. Current chemical storage areas are marked appropriately and are secure. The laboratory was satisfactory. Standards were observed to be current.

The following tanks were observed during the inspection: Arboretum, Clays Mill, Mercer, Briar Hill, and Eastland. The tanks were secure, flappered, and observed to be in good condition.

Chlorine residuals in the system were acceptable. Daily chlorine check standards are performed and recorded. Tanks are inspected once every five years. System flushing is performed in the spring. Most meters are radio read. Additional chlorine sample: Briar Hill: DOW 1.4; WTP 1.31; On-Line- 1.0.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance

Comments: A KPDES inspection was performed and the facility was found to be in compliance.

VI. Compliance Status - No violations observed

VII. Monitoring/Analyses Evaluation

Comments: Not evaluated.

VII. Compliance Status - Not Evaluated

VIII. Environmental /Health Impact

Work Site Hazard Assessment : ☒ ATTACHED ☐ REVIEWED


Comments: No major concerns were noted at the time of the inspection.

VIII. Compliance Status – No violations observed**IX. Documentation**

- ☒ Samples taken by DEP
- ☐ Samples taken by outside source
- ☒ Instrument readings taken by DEP regional office
- ☐ Photographs obtained by DEP
- ☒ Copies of records obtained by DEP
- ☐ Other documentation

Inspector: Deborah Singleton**Title:** Environmental Inspector III**Date:** 09/17/21**Signature:**

E-Signed by Singleton, Deborah
 VERIFY authenticity with e-Sign


Overall Compliance Status

- ☒ No violations observed
- ☐ No violations observed, but impending violation trends observed
- ☐ Out of Compliance- No action taken
- ☐ Out of Compliance LOW non-recurrent administrative or O & M
- ☐ Out of Compliance - NOV

Comments:

Delivery Method: Regular Mail

Cert. Mail #:

**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Distribution Inspection**

Site/Permit ID: KY1020288	Division: Water	Regional Office: London
Site Name: Kentucky American Water - Eastern Rockcastle	Program: Drinking Water	
Site Address: 9264 Main Street		
City: Livingston	State: KY	Zip: 40445 County: Rockcastle
Inspection Type: Routine Distribution	Purpose: Comprehensive	AI #: 34097
Inspection Date: 9/22/21	Time: Start 11:00 AM End 6:15 PM	
Latitude:	Longitude:	
Coordinate Collection Method:		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky American Water - Eastern Rockcastle	Contact Name: Dorothy Johnson 859-335-3670 (office) 859-537-0744 (mobile)	
Phone No.: Livingston Office 606-453-0019	Fax No:	Email Address: Dorothy.Johnson@amwater.com

I. Administrative Requirements

Comments: [As required, the system submitted a written response to the August 2019 Sanitary Survey's non-significant deficiencies.](#)

I. Compliance Status - No violations observed

II. Operator Certification/Accreditation Requirements
--

Operator in Charge and on duty.

Operator Name	Plant Certification #	Distribution Certification #
Charles Dick - AI 46253		64535 - IV
Justin Sensabaugh AI 30399	9579 - IV	20165 - IV

Comments: [The Class II distribution system is adequately staffed. Mr. Sensabaugh is the Senior Manager of Field Operation and Mr. Dick is the Manager of Field Operations. Their licenses have been renewed through 6/30/22. Daily operation of the distribution system is conducted by Rodney Trowbridge and Josh Martin.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: The system does not maintain a line break log in accordance with 401 KAR 8:150 Section 4(2). The system should maintain a log of all breaks or ruptures, which shall include the:

- a. date and location of the break;
- b. time it was discovered;
- c. the population affected;
- d. length of time required to repair the break;
- e. date and time disinfectant residuals are detected;
- f. date and time bacteriological samples are taken.

Daily distribution chlorine monitoring logs are maintained well. One log is maintained for four of the areas within the system: Brush Creek, Jackson Co. Water, Sand Springs and Sand Hill. Each log includes all pertinent information, including the date and time, location, analysts' initials and chlorine result.

Chains of custody and laboratory analysis reports are maintained and available for review.

Mr. Trowbridge maintains a monthly secondary standard check for the Hach II pocket colorimeter used for compliance monitoring. The log includes all pertinent information including the standard reading and its acceptable range.

Customer complaints are stored electronically.

III. Compliance Status - No violations obs- but impending viol trends obs

IV. Reporting Requirements

Comments: BWAs are reported well.

MORs are signed by Dorothy Johnson (Ky American Water - Water Quality Specialist) and submitted as required. The system normally reports 4 daily chlorine residual readings: Jackson Co. supplied water at Three Links (reported as the North), Livingston supplied water on Sand Hill (East), Mt. Vernon supplied water at Sand Springs (West) and Mt. Vernon supplied water at the Brush Creek master meter (South).

IV. Compliance Status - No violations observed

V. Operation & Maintenance/Performance Requirements

Plant Type: ☐ C ☐ N ☒ P Service Connections: 667 Population Served: 1794

Average Purchased MGD: 0.089 Max. Purchased MGD: Contract Amount MGD:

Source: Seller PWSID: Multiple Sellers ☒ Yes ☐ No

RATING CODES: S1 = No Violations Observed; S2= No Violations Observed-but impending viol trends obs;
 U1 = Out of Compliance-No action taken; U2= Out of Compliance-LOW non-recurrent Adm. or O & M;
 U3= Out of Compliance-NOV Issued; NA = Not Applicable; NE = Not Evaluated. **(Add additional comments if U1-U3.)**

SELLER INFORMATION	Seller # 1	Name Jackson County	PWSID# KY0550209 Contract Amount: 0.049 MGD
	Seller # 2	Name Mt. Vernon	PWSID# KY1020299 Contract Amount: 0.038 MGD
	Seller # 3	Name Livingston	PWSID# KY1020253 Contract Amount: 0.015 MGD
	Seller # 4	Name	PWSID# Contract Amount:
	Seller # 5	Name	PWSID# Contract Amount:
STORAGE TANK INFORMATION	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
	S1	a) Storage Tank 1 Size: 80,000 Name: Three Links (Jackson Co.	Screened Vent: <input type="checkbox"/> Overflow <input checked="" type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: 2019 Coating condition: Good
	S1	b) Storage Tank 2 Size: 15,000 Name: Sand Springs aka Pongo	Screened Vent: <input checked="" type="checkbox"/> Overflow <input checked="" type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: 2019 Coating condition: Good
		c) Storage Tank 3 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		d) Storage Tank 4 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		e) Storage Tank 5 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		f) Storage Tank 6 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		g) Storage Tank 7 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		h) Storage Tank 8 Size: Name:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/> Last Cleaned: Coating condition:
		j) Master meter <input type="checkbox"/>	Last Calibrated: Recorder: <input type="checkbox"/>
		k) Flushing Schedule	<input type="checkbox"/> Yes <input type="checkbox"/> No/ Frequency: Annually
	S1	l) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH II Last calibrated 9/6/21
	S1	m) DPD reagent up-to-date	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	n) Blow-off / Hydrants on dead	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	GENERAL INFORMATION	S1	o) Monthly operating reports
S1		p) Bacteriological monitoring	Samples per mo. 5 Records: <input checked="" type="checkbox"/>
BOOSTER PUMPS		NI	q) <input checked="" type="checkbox"/> Booster pumps <input type="checkbox"/> Disinfection Capacity 2 @80 Disinfection Type:
NI		r) <input checked="" type="checkbox"/> Booster pumps <input type="checkbox"/> Disinfection Capacity 2 @80 Disinfection Type:	
ON SITE OBSERVATIONS	NI	s) <input checked="" type="checkbox"/> Booster pumps <input type="checkbox"/> Disinfection Capacity 2 @60 Disinfection Type:	
	S1	t) Site Data: Buffalo Baptist Ch.	Cl. Free: 0.60 Total: 0.72 pH: Turbidity: 0.08
	S1	u) Site Data: Climax VFD	Cl. Free: 0.77 Total: pH: Turbidity: 1.46
	S1	v) Site Data: Ballinger Farms	Cl. Free: 1.11 Total: pH: Turbidity: 0.18
OTHER INFORMATION	S1	w) Site Data: 3753 Sand Hill Rd	Cl. Free: 1.41 Total: pH: Turbidity: 0.21
	S1	x) Cross connection program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	y) Water meter replacement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	z) Valve exercise program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	aa) Is unaccounted for water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes what is % loss? 35.6
S1	bb) Up to date distribution map	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: The system is serviced by 4 master meters; 2 from Mt. Vernon/KY1020299 (Brush Creek and Sand Springs), 1 from Jackson Co./KY0550209 in the Three Links community and 1 from Livingston/KY1020253 in the Sand Hill area.

In August 2021, the system averaged 134 ga/connection/day.

The 25', Mt. Vernon Water fed tank at Pongo is controlled by an altitude valve, it is set to kick on at 8' and off at 23.5'. The tank was inspected in 2019 by Tank Industry Consultants and found to be in good condition. The tank's exterior was blasted and painted late 2019/early 2020.

The Jackson Co. Water fed tank at Three Links was fully restored on the inside & outside and painted on the exterior. The work was performed by Currans Construction in the fall of 2019/early 2020.

Distribution pump stations include 2 at Sand Hill, 2 at Pongo and 2 which are currently out of operation at Ole Gauley.

The system's Neptune radio-read meter replacement project was completed in 2018.

KAW (Jennifer Shrewsberry) implements the system's Cross Connection Control Program.

The system's GIS mapping project was completed in early 2020.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance
--

Comments:

VI. Compliance Status - Not Applicable

VII. Monitoring/Analyses Evaluation
--

Comments: Daily chlorine monitoring is conducted by Rodney Throwbridge and Josh Martin.

Normally four locations are monitored for free residual daily. The locations include water from all three of the suppliers. The normal locations include Three Links (Jackson Co. Water), Sand Hill Road (Livingston Water), Sand Springs (Mt. Vernon Water on the West side of the system) and at the Brush Creek master meter (Mt. Vernon Water on the East side of the system). To adequately monitor the chlorine residual throughout the distribution system, sampling should routinely occur further down the Jackson Co. line and past the Brush Creek master meter. On August 25th, 2021 the chlorine level at the Brush Creek master meter was 0.52 mg/l.

Mr. Trowbridge maintains a monthly secondary standard check for the Hach II pocket colorimeter used for compliance monitoring. The log for 2021 was reviewed and includes all pertinent information including the standard reading and its acceptable range. The standard kit lot number is A0007 and it expires 1/22.

The system is required to collect 2 bact samples/month based on population. The system collects 5 monthly; 3 samples during the first week and 2 samples during the third week. The samples are collected by Mr. Trowbridge. Prior to the sample collection, he performs a secondary reference

standard check on his pocket colorimeter. The check is documented on the chain of custody. Lab reports indicate hold times are met. Sample sites are repeated weekly. The system should routinely sample from other DOW approved monitoring locations to adequately represent the entire distribution system.

Special BACT samples are collected by Mr. Trowbridge and delivered to the Ky American Richmond Road lab (#00011) for analysis.

The system is required to collect DBP samples from 2 locations quarterly. Their monitoring sites are Big Cave Road (Mt. Vernon Water) and 3333 Upper Piney Branch Road (Jackson Co. Water). Until the most recent 8/2/21 monitoring event, the system had not exceeded the MCL for HAA5s or TTHMs since the 3Q20. On 8/2/21, HAA5s and TTHMs were just slightly over the MCL at one of the two monitoring locations. The system conducts DBP monitoring at the Jackson MM, Sand Springs MM, and Brush Creek MM to have a background level. The samples are collected by Mr. Trowbridge and analyzed by the American Water lab in Bellville, IL (#90005).

VII. Compliance Status - No violations observed

VIII. Environmental /Health Impact

Work Site Hazard Assessment:

☒ ATTACHED ☐ REVIEWED

Comments:

VIII. Compliance Status – No violations observed

IX. Documentation

- ☐ Samples taken by DEP
- ☐ Samples taken by outside source
- ☒ Instrument readings taken by DEP regional office
- ☒ Photographs obtained by DEP
- ☒ Copies of records obtained by DEP
- ☐ Other documentation

Inspector: Beth Trent	Title: Environmental Inspector III	Date: 10/5/21
------------------------------	---	----------------------

10/5/2021

X *Beth Trent*

Signature: Signed by: Beth Trent

Overall Compliance Status
<input type="checkbox"/> No violations observed
<input checked="" type="checkbox"/> No violations observed, but impending violation trends observed
<input type="checkbox"/> Out of Compliance- No action taken
<input type="checkbox"/> Out of Compliance- LOW Non-recurrent administrative or O & M
<input type="checkbox"/> Out of Compliance – NOV

Comments: The system does not maintain a line break log in accordance with 401 KAR 8:150 Section 4(2). The system should maintain a log of all breaks or ruptures, which shall include the:

- a. date and location of the break;**
- b. time it was discovered;**
- c. the population affected;**
- d. length of time required to repair the break;**
- e. date and time disinfectant residuals are detected;**
- f. date and time bacteriological samples are taken.**

To adequately monitor the chlorine residual throughout the distribution system, sampling should routinely occur further down the Jackson Co. line and past the Brush Creek master meter. On August 25th, 2021 the chlorine level at the Brush Creek master meter was 0.52 mg/l.

Delivery Method: E-mail	Cert. Mail #: N/A
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Inspection Report

GenTrack Item # 227

Section	Field Name	Response
Facility		
	Region:	Central
	PWS ID:	0340250C
	Category:	Plants
	Facility Name:	KENTUCKY AMERICAN WATER CO. C
	Status:	Active
	GPS Location:	38.358527 -84.865399
	Physical Address:	16035 HWY 127
	Mailing Address:	
	City:	OWENTON
	State:	KY
	Zip Code:	40359
	Phone:	502 484-8373
	Plant Email:	bob.money@amwater.com
	County:	Owen
	Fluoridation:	Yes
	Contact First Name:	Jason
	Contact Last Name:	Case
	Contact Address 1:	
	Contact Address 2:	
	Contact Phone Number:	502 395-2945
	Contact Email:	bob.money@amwater.com

GenTrack Item # 227 - 8

Section	Field Name	Response
General		
	Inspection Date:	03/11/2022
	Inspector:	Lucas Bentley
	Inspector Information:	275 east Main Street Frankfort KY 40621 Office Phone: 502-564-3246 Home Phone: Lucas.Bentley@ky.gov Active
	Operator On Duty First Name:	Chris

	Operator On Duty Last Name:	Riddle
	Contact Address 1:	16035 HWY 127
	Contact Address 2:	
	Contact Phone:	502 484-8373
	Certification Number:	16208
	Water Plant Operator Certification Level:	
	Facility Classification Level:	
	[BLANK]	
	Water Source:	Surface Water
	Fluoridation Type:	Acid
	Service Connections:	3900
	Populations Served:	10491.00
	AVG Production:	7.5 MGPD
	Flow Rate (Influent):	4200 GPM
	Master Meter (Raw):	Satisfactory
	Design Capacity:	20 MGPD
	PWSI Number:	0340250C
	GPS Coordinates:	38.358527 -84.865399
	Comments:	

Chemical Treatment

	Activated Carbon (Activated Charcoal):	Yes
	Aluminum Chloride:	Yes
	Aluminum Chlorohydrate:	No
	Aluminum Potassium:	No
	Aluminum Sulfate (Alum):	No
	Amonia:	Yes
	Calcium Hydroxide (Hydrated Lime):	No
	Calcium Oxide (Quick Lime):	No
	Carbon Dioxide:	No
	Charcoal:	No
	Chlorine (gas):	Yes
	Chlorine (liquid):	No
	Chlorine Dioxide:	No
	Copper Sulfate:	No
	Ferric Chloride:	No

	Ferric Sulfate:	No
	Hydrofluorosilicic Acid (HFS):	Yes
	Hydrochloric Acid:	No
	Hydrochlorites:	No
	Hydrogen Peroxide:	No
	Hydroxide Ammonium:	No
	Phosphate:	No
	Polyaluminum Chloride (PAC):	No
	Polyelectrolytes:	No
	Polyphosphates:	No
	Potassium Hydroxide (Caustic Potash):	No
	Potassium Permanganate:	Yes
	Silica:	No
	Sodium Aluminate:	No
	Sodium Bicarbonate (Baking Soda):	No
	Sodium Carbonate (Soda Ash):	No
	Sodium Chloride (Salt):	No
	Sodium Fluoride:	No
	Sodium Fluorosilicate:	No
	Sodium Hydroxide (Caustic Soda):	No
	Sodium Hypochlorite:	No
	Sodium Permanganate:	No
	Sodium Thiosulfite:	Yes
	Sulfur Dioxide:	No
	Sulfuric Acid:	No
	Ultraviolet:	No
	Others:	ORTHOPHOSPHATE, POLYMER & CAUSTIC SODA.

Fluoride System

	Saturator System:	
	Saturator Cleanout Date (recommended annually or as needed):	
	[BLANK]	

	[BLANK]	
	Comments:	
	Dry System:	
	Comments:	
	Tablet System:	
	Tablet System Flow Rate:	
	Comments:	
	Hydrofluorosilicic Acid (HFS) System:	
	Hydrofluorosilicic Acid (HFS) Bulk Tank Size (gallons):	
	HFS Day Tank Size (dimensions in inches):	
	HFS Day Tank Size (gallons):	
	HFS Day Tank Limitations:	
	HFS Day Tank Loss of Suction Point (lbs if scale used and inches if volumetric loss used):	
	HFS Day/Bulk Tank Vented to the Outside Atmosphere:	
	Transfer Pump:	
	Liquid Level Limit Switch:	
	HFS Usage Table:	
	Comments:	
	[BLANK]	

Plant Safety Equipment

	Syphon Breakers Rating:	Satisfactory
	Comments:	
	Ventilation Rating:	Satisfactory
	Forced Ventilation Switch Location:	
	Comments:	
	Chemical Storage Rating:	Satisfactory
	Comments:	

	Method Of Measurement:	Volumetric
	Method of Measurement Rating:	Satisfactory
	Comments:	ULTRA SONIC
	Secondary Containment:	
	Comments:	

Operator Safety Equipment

	Respirator Available:	Yes
	Comments:	
	Face Shield/Safety Glasses Available:	Yes
	Comments:	
	Gloves Available:	Yes
	Comments:	
	Apron/Coat Available:	Yes
	Comments:	
	Eye Wash Station/Deluge Shower:	Satisfactory
	Eye Wash Station/Deluge Shower Maintenance Check (recommended monthly):	
	Comments:	

Laboratory and Records

	Tester Brands:	CH EZ-CHECK
	Tester Brand Rating:	Satisfactory
	Comments:	
	Adequate Reagent Supply:	Satisfactory
	Comments:	
	Reagent Up-To-Date (Include either the expiration date or the Lot number in the comments):	Satisfactory
	Comments:	
	Monthly Operating Reports:	Satisfactory
	Last Month AVG-Daily Usage in Pounds:	4.0
	Last Month AVG Daily Pre-Population Results:	0
	Last Month AVG Tap Reading:	0.87

	Last Month AVG Raw Reading:	0.13
	Comments:	
	505 Reporting:	Satisfactory
	505 Sample Locations (First Plant/Second Distribution):	Satisfactory
	505 Dates:	Satisfactory
	[BLANK]	
	In Compliance Year to Date:	Yes
	Housekeeping:	Satisfactory
	Comments:	

Distribution

	Point Of Injection:	Satisfactory
	Injection Site:	
	Comments:	PRIOR TO THE CLEARWELL
	Chemical Feeder:	Satisfactory
	Comments:	Speed and Stroke are percentages
	Feeder's Brand:	JAC
	Feeder Model #:	1731
	Feeder Size:	4.9 GPH
	Setting:	0.88ppm
	Speed:	11
	Stroke:	15

On-Site Observation

	Fluoride Rating:	Satisfactory
	Comments:	
	Private Labs:	Kentucky America
	Other Water Treatment Systems Directly Connected:	
	Other Water Treatment Systems Water Sold To:	
	Other Water Treatment Systems Water Purchased From:	
	[BLANK]	
	Facility Entrance:	
	Laboratory:	

	Fluoride Tester:	
	Fluoride Room:	
	Ventilation:	
	Fluoride Metering Pump Tag:	
	Overall Fluoride System (Saturator, Bulk/Day Tank, Dry Hopper, Tablet):	
	Injection Site:	
	Scales (if applicable):	
	Anti-Syphon Device (if applicable):	
	Eye Wash/Deluge Shower Station (if applicable):	
	[BLANK]	
	Split Rating:	Satisfactory
	Insp:	0.64
	Plant:	0.91
	LAB:	0.87
	Comments:	Well Ran Facility In Compliance YTD
	[BLANK]	



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

DIVISION OF WATER
300 SOWER BLVD
FRANKFORT, KY, 40601

August 10, 2022

Mr. Bob Money
KY American Water Co
2300 Richmond Rd
Lexington, Kentucky 40502

RE: KY American Water Co
AI# 1063
Permit No.: KY0340250
Fayette County, Kentucky
Activity ID: CIN20220001

Dear Mr. Money:

Attached for your information and records is a copy of the drinking water comprehensive inspection performed at KY American Water Co plant C on June 15, 2022.

Please review the enclosed inspection report.

If you have any questions or comments concerning this inspection, please contact the Frankfort Regional Office at: (502) 564-3358.

Sincerely,

A handwritten signature in cursive script that reads "Deborah E. Singleton".

Deborah Singleton
Environmental Inspector
Frankfort Regional Office
Division of Water

DES
Enclosure:



**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Surface Inspection**

Site/Permit ID: KY0340250	Division: Water	Regional Office: Frankfort
Site Name: Kentucky American Water Plant C	Program: Drinking Water	
Site Address: 16035 hwy 127 south		
City: Owenton	State: KY	Zip: 40359 County: Owen
Inspection Type: Routine Surface	Purpose: Comprehensive	AI #: 1063
Inspection Date: 6/15/2022	Time: Start 09:00 AM End 1:30 PM	
Latitude:	Longitude:	
Coordinate Collection Method: G40-Handheld receiver		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky River station #2	Contact Name: Robert Money	
Phone No.: 859-335-3660	Fax No: 859-335-3388	Email Address: bob.money@amwater.com

I. Administrative Requirements

Comments: [Not evaluated.](#)

I. Compliance Status - Not Evaluated

II. Operator Certification/Accreditation Requirements
--

Operator in Charge or on duty.

Operator Name	Plant Certification #	Distribution Certification #
Scott Huddleston	IVA#21329	
Justin Sensabaugh		IVD#20165

Comments: [A complete list of operators was provided during the inspection. No concerns noted.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: [Not evaluated.](#)

III. Compliance Status - Not Evaluated

IV. Reporting Requirements

Comments: **The facility provides timely reports to the Division of Water as required.**

IV. Compliance Status - No violations observed

V. Operation & Maintenance/Performance Requirements

Plant Type: ☒ C ☐ N ☐ P Service Connections: Population Served:
 Average Production MGD: 7.62 Max. Production MGD: 14.02 Design Capacity MGD: 20.0 MGD
 Source: Kentucky River pool #3

RATING CODES: S1=No Violations Observed; S2=No Violations Obs-but impending viol trends obs; U1=Out of Compliance-No action taken; U2= Out of Comp-LOW non-recurrent Adm. or O & M; U3= Out of Compliance-NOV; NA = Not Applicable; NE = Not Evaluated. (Add additional comments if U1-U3.)

	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
CHEMICAL & PHYSICAL TREATMENT	NI	a) Intakes, pumps, piping <input type="checkbox"/>	# Of Levels # Pumps Max pump.
	NA	b) Aeration <input type="checkbox"/>	
	NI	c) Rapid mix <input checked="" type="checkbox"/>	Type: If other: mechanical mixer
	NI	d) Flocculation <input checked="" type="checkbox"/>	# of Stages4 # of Trains Variable Speed
	NI	e) Sedimentation <input checked="" type="checkbox"/>	Type: Conventional # of trains:4
	NI	f) Chemical feed coagulation	
	NI	g) Carbon Feed: <input type="checkbox"/>	Feed Site1: Feed Site 2:
	NI	h) Filters & controls	Mixed Media Filter to Waste <input checked="" type="checkbox"/>
	NI	i) Filters / size sq.ft each./ rate	# 5 Size702 Filtration Rate:5
	S1	j) Automatic analyzers:	Chlorine: <input checked="" type="checkbox"/> Turbidity: <input checked="" type="checkbox"/> Each filter: <input checked="" type="checkbox"/> pH: <input checked="" type="checkbox"/>
	NI	k) Chemical storage:	Dry on pallets? <input type="checkbox"/> Chemical containment: <input type="checkbox"/>
	NI	l) Clearwell / screened vents	Size: Baffling: <input type="checkbox"/> Locked <input type="checkbox"/> Screened <input type="checkbox"/>
	NI	m) Pumps # and size in gpm	High Service @ Backwash @
SITE DATA	S1	n) Site Data: ellis tank	Cl. Free:DOW Total: 1.64 pH: KAWC :2.84
	S1	o) Site Data: wheatly	Cl. Free:DOW Total: 0.85 pH: KAWC 1.01
	S1	p) Site Data: blue moon	Cl. Free:DOW Total: > 2.20 pH: KAWC 2.80
	S1	q) Site Data: on-line	Cl. Free:BM tank Total: 2.81 pH: wheatly 0.8
DISINFECTION	NI	r) Disinfection Pre: <input type="checkbox"/> Post: <input type="checkbox"/>	Pre Type: Post type:
	NI	s) Automatic chlorinator <input type="checkbox"/>	Automatic changeover <input type="checkbox"/> Proper Fan <input type="checkbox"/>
	NI	t) Separate room & ventilation	Crash Bar <input type="checkbox"/> Alarm <input type="checkbox"/>
	NI	u) Safety equipment	SCBA <input type="checkbox"/> Ammonia <input type="checkbox"/> Detector <input type="checkbox"/>
LABORATORY & RECORDS	S1	v) Laboratory equipment	Adequate Space <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Lighting : <input checked="" type="checkbox"/>
	S1	(1) Turbidimeter <input checked="" type="checkbox"/>	Type: HACH Last calibrated: 2/2022
	S1	(2) Adequate reagent supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	(3) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH DPD reagent up-to-date: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	NI	w) Monthly operating reports	<input checked="" type="checkbox"/> Daily Record Sheet <input checked="" type="checkbox"/> Agreement: <input checked="" type="checkbox"/>
	S1	x) Housekeeping	good
DISTRIBUTION	NI	y) Master meter ; Recorder	Raw: <input type="checkbox"/> Finished: <input type="checkbox"/> ; Raw: <input type="checkbox"/> Finished: <input type="checkbox"/>
	NI	z) Blowoffs / hydrants; flushing	Flushing Schedule: <input type="checkbox"/> Blowoffs on deadends: <input type="checkbox"/>
	S1	aa) Water storage:	# of Tanks Total Storage:
	NI	bb) Booster pumps / chlorinators	Booster pumps: <input type="checkbox"/> Booster chlorinators: <input type="checkbox"/>
PLANT ON SITE OBSERVATION	S1	cc) Plant Data:	Cl free: total: 4.5 pH: 7.0
	S1	dd) Turbidity	Raw: Settled: Combined Filter:0.04
	NI	ee) Bacteriological monitoring	Samples per mo. Records: <input type="checkbox"/>
	NI	ff) No cross-connections observed	None observed: <input type="checkbox"/> Observed: <input type="checkbox"/> Program: <input type="checkbox"/>

	NI	gg) Wastewater discharge	KPDES Is sizing adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO
--	----	--------------------------	---

Comments: A Division of Water Comprehensive inspection was conducted on June 15, 2022. no major concerns were noted during the inspection. The facility was not producing water at the time of the inspection due to participating in an energy reduction event. Production was finished by the time distribution was completed The basins are cleaned monthly. The laboratory was satisfactory. Instrumentation was last calibrated by Morsten Technical Services on in February 2022. Standards were observed to be current. Standard Operating Procedures have been developed.

The Ellis, Wheatly, and Blue moon tanks were observed during the inspection. All three tanks were fenced and secure. Overflow protection was installed on the Ellis and Blue Moon tanks. Wheatly tank was missing part of the overflow pipe. Distribution system chlorine readings were acceptable and comparable between the DOW and KAWC readings along with the on-line instrumentation reading.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance

Comments: Not inspected.

VI. Compliance Status - Not Evaluated

VII. Monitoring/Analyses Evaluation

Comments: Not evaluated.

VII. Compliance Status - Not Evaluated

VIII. Environmental /Health Impact

Work Site Hazard Assessment :

☒ ATTACHED ☐ REVIEWED

Comments:

VIII. Compliance Status – No violations observed

IX. Documentation

- ☒ Samples taken by DEP
- ☐ Samples taken by outside source
- ☐ Instrument readings taken by DEP regional office
- ☐ Photographs obtained by DEP
- ☒ Copies of records obtained by DEP
- ☐ Other documentation

Inspector: Deborah Singleton	Title: Environmental Inspector III	Date: July 11, 2022
--	--	-------------------------------------

Signature:



Overall Compliance Status
<input checked="" type="checkbox"/> No violations observed
<input type="checkbox"/> No violations observed, but impending violation trends observed
<input type="checkbox"/> Out of Compliance- No action taken
<input type="checkbox"/> Out of Compliance LOW non-recurrent administrative or O & M
<input type="checkbox"/> Out of Compliance - NOV

Comments:

Delivery Method: Regular Mail	Cert. Mail #:
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ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

DIVISION OF WATER
300 SOWER BLVD
FRANKFORT, KY, 40601

September 29, 2022

Mr. Bob Money
KY American Water Co
2300 Richmond Rd
Lexington, Kentucky 40502

RE: KY American Water Co -- 1063
Permit No.: KY0093301
Fayette County, Kentucky
Activity ID: CIN20220003

Dear Mr. Money:

Attached for your information and records is a copy of the wastewater compliance inspection performed at KY American Water Co on August 3, 2022.

Please review the enclosed inspection report.

If you have any questions or comments concerning this inspection, please contact the Frankfort Regional Office at: (502) 564-3358.

Sincerely,

A handwritten signature in black ink that reads "Deborah E. Singleton".

Deborah Singleton
Environmental Inspector
Frankfort Regional Office
Division of Water

DES
Enclosure:



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

AI ID: 1063 **AI Type:** WATER-Public Water System (2213)
AI Name: KY American Water Co
AI Address: 2300 Richmond Rd

City: Lexington, **State:** Kentucky **Zip:** 40502
County: Fayette **Regional Office:** Frankfort Regional Office
Latitude: 38.011157 **Longitude:** -84.465995
Site Contact: Bob Money
Title: facility contact **Phone #:** 859-797-7374
Inspection Type: WW CEI-DW Plt Idv **Activity #:** CIN20220003
Incident IDs:
Inspection Start Date: August 3, 2022 **Time:** 08:45 AM **End Date:** August 3, 2022 **Time:** 09:15 AM
Site/Permit ID: KY0093301

Lead DEP Investigator: Deborah Singleton
Other DEP Investigators:
External Investigators:
Persons Interviewed: Bob Money

General Comments: The facility has applied for and obtained KPDES Permit #KY0093301. The permit is current and expires on June 30, 2027.

The facility has two permitted outfalls.

Outfall 001 - Lake Ellerslie (Reservoir No. 1) at latitude 38°00'46"N and longitude 84°27'50"W

Outfall 002 - Lake Ellerslie (Reservoir No. 1) at latitude 38°00'46"N and longitude 84°27'50"W

The facility was clean and operational at the time of the inspection. The facility maintains two permitted outfalls. Outfall 001 is the discharge from the filter backwash water. Outfall 002 is the diesel cooling water. See inspection report for full details.

Overall Compliance Status: No Violations Observed

Investigation Results

SI: AIOO1063

SI Description:

Inspector Comment:

Requirement: Does the facility hold the proper KPDES permit for the filter backwash discharge(s) from their public or privately owned drinking water treatment plant? [401 KAR 5:055 Section 2]. [401 KAR 5:055 Section 2]

Compliance Status: C-No Violations observed

Comment: The facility has applied for and obtained KPDES Permit #KY0093301. The permit is current and expires on June 30, 2027.

Requirement: Does the permittee retain records of all monitoring information including: the date, exact place, and time of sampling or measurements; the name of the individual who performed the sampling or measurements; the dates and times analyses were performed; the name of the individual who performed the analyses; the analytical techniques or methods used; the results of the analyses; all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation; copies of all reports required by this permit; and records

of all data used to complete the application for this permit, for the period required by the cabinet and at a minimum of at least three (3) years from the date of the sample, measurement, report, or application? [401 KAR 5:065 Section 2(1)]. [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: The permittee maintains the required records in an orderly manner. Records observed during the inspection include inspection reports, laboratory bench sheets, analytical information, calibration logs, chain of custodies, and temperature logs.

Requirement: Has the permittee adequately developed a Best Management Practices Plan? [40 C.F.R. 122.41(a)]. [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: The permittee has developed a Best Management Practices Plan that appears to contain the required information. The plan is updated periodically.

Requirement: Is the BMP plan required by 401 KAR 5:065 Section 2(4) and Part IV Section A (5) of the facility's permit consistent with the general guidance contained in the publication entitled "NPDES Best Management Practices Guidance Document," to include the following baseline BMPs as a minimum:

- a. BMP Committee
- b. Reporting of BMP Incidents
- c. Risk Identification and Assessment
- d. Employee Training
- e. Inspections and Records
- f. Preventative Maintenance
- g. Good Housekeeping
- h. Materials Compatibility
- i. Security
- j. Materials Inventory

If a BMP plan has not been developed, has the permittee demonstrated that the BMP requirements have been met by an existing plan?

If all stormwater can not be diverted to a pit or sediment control structure, does the BMP plan address this runoff? [401 KAR 5:065 Section 2(1)]. [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: The Best Management Practices Plan appears to be consistent with the general guidance.

Requirement: Has the permittee adequately implemented the BMP plan? [401 KAR 5:065 Section 2(1)]. [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: The permittee appears to be adequately implementing the best management practices Plan. Good housekeeping was observed. Safety is a priority. MSDS sheets are maintained on site. Containment areas have been installed around potential contaminants. Spill kits are maintained on site. Site inspections are being performed and documented.

Requirement: Is the facility required to prepare and implement a groundwater protection plan (GPP) as specified in regulation 401 KAR 5:037? If yes, does the facility have a GPP? [401 KAR 5:037 Section 3]. [401 KAR 5:037 Section 3]

Compliance Status: C-No Violations observed

Comment: The facility has developed a groundwater protection plan.

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

Compliance Status: C-No Violations observed

Comment: A review of the submitted Discharge Monitoring Reports revealed the facility to be in compliance on all parameters.

Requirement: Are samples taken in compliance with the monitoring requirements and taken at the following location(s): nearest accessible point after final treatment, but prior to actual discharge or mixing with receiving waters? [401 KAR 5:065 Section 2(1)]. [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: In compliance.

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

Compliance Status: C-No Violations observed

Comment: A review of the submitted Discharge Monitoring Reports revealed that the monitoring results are being reported to the cabinet at the intervals specified in the issued KPDES Permit. The facility submits the results utilizing the Net-DMR system.

Requirement: Is discharge being monitored, at the specified outfall(s)/monitoring point(s), for parameters specified in the facility's permit within the required timeframe? [401 KAR 5:065 Section 2(1)]. [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: The discharge is being monitored for the parameters specified in the issued KPDES Permit within the required timeframes. The facility is required to perform the following analysis: Outfall 001- pH, total suspended solids, phosphorus, iron, aluminum, and total residual chlorine by grab sample once per month and flow by instantaneous measurement once per month. Outfall 002- total suspended solids, temperature, and pH once per month by grab sample and flow by instantaneous measurement once per month;

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

Compliance Status: C-No Violations observed

Comment: A review of the submitted Discharge Monitoring Reports revealed that the monitoring results are being reported to the cabinet on a Discharge Monitoring Report. The facility submits the results utilizing the Net-DMR system.

Requirement: Did the facility notify the Division of Water by the most rapid means available whenever, by reason of emergency or accident, a spill or discharge occurs which results in pollution of the waters of the Commonwealth? [401 KAR 5:015 Section 2]. [401 KAR 5:015 Section 2]

Compliance Status: C-No Violations observed

Comment: The facility is aware of the requirement to report all spills, accidents, bypasses, releases, etc. to the Cabinet by the most rapid means available. The 24-hour emergency reporting number is: (800) 928-2380.

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

Compliance Status: C-No Violations observed

Comment: The facility is aware of the requirement to report all spills, accidents, bypasses, releases, etc. to the Cabinet by the most rapid means available. The 24-hour emergency reporting number is: (800) 928-2380.

Requirement: Is the facility being properly operated and maintained as specified in 401 KAR 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;
- (d) is the cleaning frequency of lagoons adequate to ensure compliance with the facility permit? [401 KAR 5:065 Section 2(1)]. [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: The facility was clean and operational at the time of the inspection. The facility maintains two permitted outfalls. Outfall 001 is the discharge from the filter backwash water. Outfall 002 is the diesel cooling water. Good housekeeping was observed. Filter backwash water is pumped to two holding tanks with waters then directed to three sludge concentrators. Sludge is processed through a belt press and the decant is discharged through Outfall 001. The pressed sludge is placed in a beneficial re-use area. The re-use area has a berm constructed around it. Laboratory analysis is being performed as required. Outfall 002 temperatures are recorded with a NIST certified thermometer. The facility has obtained the field only laboratory certification. Remaining laboratory analysis is conducted by Fouser Environmental.

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

Compliance Status: C-No Violations observed

Comment: The facility maintains two permitted outfalls. Both outfall areas were observed during the inspection and were observed to be in good condition. There was not any visual evidence of pollutants entering the waters of the Commonwealth noted at the time of the inspection.

Requirement: Have surface waters been aesthetically or otherwise degraded? [401 KAR 10:031 Section 2]. [401 KAR 10:031 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: The facility maintains two permitted outfalls. Both outfall areas were observed during the inspection and were observed to be in good condition. There was not any visual evidence of surface water degradation noted at the time of the inspection.

Requirement: Is the permittee in compliance with all permit conditions? [401 KAR 5:065 Section 2(1)]. [401 KAR 5:065 Section 2(1)]

Compliance Status: C-No Violations observed

Comment: In compliance.

Documentation

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

Inspector: Deborah Singleton

Deborah E. Singleton

Date: September 29, 2022



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

DIVISION OF WATER
300 SOWER BLVD
FRANKFORT, KY, 40601

September 29, 2022

Mr. Bob Money
KY American Water Co
2300 Richmond Rd
Lexington, Kentucky 40502

RE: KY American Water Co -- 1063
Permit No.: KY0340250
Fayette County, Kentucky
Activity ID: CIN20220002

Dear Mr. Money:

Attached for your information and records is a copy of the drinking water comprehensive inspection performed at KY American Water Co on August 3, 2022.

Please review the enclosed inspection report.

If you have any questions or comments concerning this inspection, please contact the Frankfort Regional Office at: (502) 564-3358.

Sincerely,

A handwritten signature in black ink that reads "Deborah E. Singleton".

Deborah Singleton
Environmental Inspector
Frankfort Regional Office
Division of Water

DES
Enclosure:



**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Surface Inspection**

Site/Permit ID: KY0340250	Division: Water	Regional Office: Frankfort
Site Name: Kentucky American Water- Plant B	Program: Drinking Water	
Site Address: 2300 Richmond Road		
City: Lexington	State: KY	Zip: 40502 County: Fayette
Inspection Type: Routine Surface	Purpose: Comprehensive	AI #: 1063
Inspection Date: 8/3/22	Time: Start 0830 AM End 1:30 PM	
Latitude: 37 39' 24"	Longitude: 84 26' 11"	
Coordinate Collection Method: G40-Handheld receiver		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky American Water- Plant-B	Contact Name: Robert Money	
Phone No.: 859-797-7374	Fax No: 859-335-3388	Email Address: bob.money@amwater.com

I. Administrative Requirements

Comments: [The facility has not received any enforcement actions since the previous inspection.](#)

I. Compliance Status - No violations observed

II. Operator Certification/Accreditation Requirements
--

Operator in Charge or on duty.

Operator Name	Plant Certification #	Distribution Certification #
Nathan Coyle	IVA#31126	
Deke Whitaker	IVA#29935	
Richard Howard	IVA#31670	

Comments: [A full list of operators was provided during the inspection. Justin Sensabaugh is in charge of the distribution system: active Class IVD, license #20165.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: [The facility maintains the required records.](#)

III. Compliance Status - No violations observed**IV. Reporting Requirements**

Comments: **The facility provides the reports to the Division of Water in a timely manner**

IV. Compliance Status - No violations observed**V. Operation & Maintenance/Performance Requirements**

Plant Type: ☒ C ☐ N ☐ P Service Connections: 129493 Population Served: 348,336

Average Production MGD: 11.24 Max. Production MGD: 20.18

Design Capacity MGD: 25 MGD

Source: Kentucky River and Jacobson Reservoir.

RATING CODES: S1=No Violations Observed; S2=No Violations Obs-but impending viol trends obs; U1=Out of Compliance-No action taken; U2= Out of Comp-LOW non-recurrent Adm. or O & M; U3= Out of Compliance-NOV; NA = Not Applicable; NE = Not Evaluated. (Add additional comments if U1-U3.)

	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
CHEMICAL & PHYSICAL TREATMENT	NI	a) Intakes, pumps, piping <input type="checkbox"/>	# Of Levels # Pumps Max pump.
	NA	b) Aeration <input type="checkbox"/>	
	S1	c) Rapid mix <input checked="" type="checkbox"/>	Type: Mechanical paddle If other:
	S1	d) Flocculation <input type="checkbox"/>	# of Stages 2 # of Trains 2 Variable Speed yes
	S1	e) Sedimentation <input type="checkbox"/>	Type: Conventional # of trains: 4
	S1	f) Chemical feed coagulation	Alum-polymer blends
	NI	g) Carbon Feed: <input type="checkbox"/>	Feed Site 1: Feed Site 2:
	S1	h) Filters & controls	Mixed Media Filter to Waste <input checked="" type="checkbox"/>
	S1	i) Filters / size sq.ft each./ rate	# 8 Size Filtration Rate: 4
	S1	j) Automatic analyzers:	Chlorine: <input checked="" type="checkbox"/> Turbidity: <input checked="" type="checkbox"/> Each filter: <input checked="" type="checkbox"/> pH: <input checked="" type="checkbox"/>
	S1	k) Chemical storage:	Dry on pallets? <input checked="" type="checkbox"/> Chemical containment: <input checked="" type="checkbox"/>
	S1	l) Clearwell / screened vents	Size: 1.2 MG Baffling: <input checked="" type="checkbox"/> Locked <input checked="" type="checkbox"/> Screened <input checked="" type="checkbox"/>
	S1	m) Pumps # and size in gpm	High Service 6 @ Backwash 2 @
SITE DATA	S1	n) Site Data: Parkers Mill	Cl. Free: DOW Total: 1.7 pH: on-line : 1.45
	S1	o) Site Data: Parkers Mill	Cl. Free: WTP Total: 1.36 pH:
	S1	p) Site Data: Muddy Ford	Cl. Free: DOW Total: 1.16 pH: On-Line 1.16
	S1	q) Site Data: Muddy Ford	Cl. Free: dOW Total: 1.18 pH:
DISINFECTION	S1	r) Disinfection Pre: <input checked="" type="checkbox"/> Post: <input checked="" type="checkbox"/>	Pre Type: Post type:
	NA	s) Automatic chlorinator <input type="checkbox"/>	Automatic changeover <input type="checkbox"/> Proper Fan <input type="checkbox"/>
	NA	t) Separate room & ventilation	Crash Bar <input type="checkbox"/> Alarm <input type="checkbox"/>
	NA	u) Safety equipment	SCBA <input type="checkbox"/> Ammonia <input type="checkbox"/> Detector <input type="checkbox"/>
LABORATORY & RECORDS	S1	v) Laboratory equipment	Adequate Space <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Lighting : <input checked="" type="checkbox"/>
	S1	(1) Turbidimeter <input checked="" type="checkbox"/>	Type: HACH Last calibrated: 02/2022
	S1	(2) Adequate reagent supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	(3) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH DPD reagent up-to-date: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	S1	w) Monthly operating reports	<input checked="" type="checkbox"/> Daily Record Sheet <input checked="" type="checkbox"/> Agreement: <input checked="" type="checkbox"/>
	S1	x) Housekeeping	Good
DISTRIBUTION	NI	y) Master meter ; Recorder	Raw: <input checked="" type="checkbox"/> Finished: <input checked="" type="checkbox"/> ; Raw: <input checked="" type="checkbox"/> Finished: <input checked="" type="checkbox"/>
	NI	z) Blowoffs / hydrants; flushing	Flushing Schedule: <input checked="" type="checkbox"/> Blowoffs on deadends: <input checked="" type="checkbox"/>
	S1	aa) Water storage:	# of Tanks 12 Total Storage:
	NI	bb) Booster pumps / chlorinators	Booster pumps: <input checked="" type="checkbox"/> Booster chlorinators: <input type="checkbox"/>

PLANT ON SITE OBSERVATION	S1	cc) Plant Data:	Cl free: total: 3.48 pH: 7.33
	S1	dd) Turbidity	Raw:8 Settled:0.20 Combined Filter:0.25
	S1	ee) Bacteriological monitoring	Samples per mo.180 Records: <input type="checkbox"/>
	NI	ff) No cross-connections observed	None observed: <input type="checkbox"/> Observed: <input type="checkbox"/> Program: <input checked="" type="checkbox"/>
	S1	gg) Wastewater discharge	KPDES Is sizing adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO

Comments: The Division of Water conducted a comprehensive inspection on August 3, 2022. The inspection included a tour of the facility's process, laboratory procedures, and the KAW distribution system. No major concerns were noted during the inspection. The facility was clean and operational. Raw water is continually monitored as it enters the plant and is then directed to the rapid mix, floc basins, and sedimentation basins. The flow leaving the weirs were satisfactory. Basins are cleaned quarterly. Filters were satisfactory and used on a rotating basis. Online instrumentation is calibrated quarterly. Flow leaves the filters and is directed to one of two chlorine contact basins.

The new chemical building has been completed. The facility now used liquid chlorine for disinfection purposes. Liquid lime is now used. Current chemical storage areas are marked appropriately and are secure. The laboratory was satisfactory. Standards were observed to be current.

The following tanks were observed during the inspection: Parkers Mill, Muddy Ford, Hume, Hayes booster, ground Cox tank, and York Street tank. The tanks were secure, flappered, and observed to be in good condition. The elevated Cox tank was having valve work done at the time of the inspection. KAW is planning to replace the analyzers the Cox street tanks.

Chlorine residuals in the system were acceptable. Daily chlorine check standards are performed and recorded. Tanks are inspected once every five years. System flushing is performed in the spring. Most meters are radio read. Additional chlorine sample: Hume tank: DOW 1.63; WTP 1.93; On-Line- 2.06. Hayes booster chlorine: DOW- > 2.20; WTP 3.56.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance

Comments: A KPDES inspection was performed and the facility was found to be in compliance.

VI. Compliance Status - No violations observed

VII. Monitoring/Analyses Evaluation

Comments: Not evaluated.

VII. Compliance Status - Not Evaluated

VIII. Environmental /Health Impact

Work Site Hazard Assessment :

☒ ATTACHED ☐ REVIEWED

Comments: No major concerns were noted at the time of the inspection.

VIII. Compliance Status – No violations observed

IX. Documentation

- ☒ Samples taken by DEP
- ☐ Samples taken by outside source
- ☒ Instrument readings taken by DEP regional office
- ☐ Photographs obtained by DEP
- ☐ Copies of records obtained by DEP
- ☐ Other documentation

Inspector: Deborah Singleton

Title: Environmental Inspector III

Date: 8/19/2022

Signature:

E-Signed by Singleton, Deborah
VERIFY authenticity with e-Sign




Overall Compliance Status

- ☒ No violations observed
- ☐ No violations observed, but impending violation trends observed
- ☐ Out of Compliance- No action taken
- ☐ Out of Compliance LOW non-recurrent administrative or O & M
- ☐ Out of Compliance - NOV

Comments:

Delivery Method: Regular Mail

Cert. Mail #:



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601
TELEPHONE: 502-564-2150
TELEFAX: 502-564-4245

October 20, 2022

Bob Money
Kentucky American Water - Eastern Rockcastle
2300 Richmond Rd
Lexington, KY 40502
AI: 34097 PWSID: KY1020288

RE: Drinking Water Sanitary Survey

Dear Mr. Money,

The Division of Water conducted a Drinking Water Sanitary Survey (attached) of Kentucky American Water - Eastern Rockcastle on August 15, 2022. A Capacity Development assessment was also completed as part of the survey.

Significant Deficiencies Observed

There were no Significant Deficiencies Observed at the time of the survey.

Non-Significant Deficiencies Observed

There were no Non-Significant Deficiencies Observed at the time of the survey.

The Division recommends the following:

- Review the contract purchase limits for Jackson Co Water Association and Mt. Vernon Water Works
- Continue to address water loss

All deficiency responses should be sent to the attention of David L. Messer, Drinking Water Technical Assistance, London Regional Office, 875 South Main Street, London, KY 40741. I may also be reached by phone at 606-330-2080 or by email at david.messer@ky.gov.

Assistance with the "Managerial and Financial Assessment" section of the sanitary survey can be obtained by contacting Ryan Reed at 502-564-3410

If you have any questions regarding the "Technical Inspection" portion, contact Beth Trent in the London Regional Office at (606) 330-2080.

Sincerely,

A handwritten signature in black ink, appearing to read "D L Messer", written over a horizontal line.

Drinking Water Sanitary Survey

TECHNICAL INSPECTION OF SURFACE WATER DISTRIBUTION-ONLY SYSTEM OPERATIONS

PWS ID: **KY1020288**

Agency Interest Number: **34097; CIN20220001**

AI Name: **Kentucky American Water - Eastern Rockcastle**

County: **Rockcastle**

Office Latitude: **37.29748** **Office Longitude:** **-84.215249**

CTAB Inspection Date(s):8/15/22

I. SOURCE

Does the system perform water quality monitoring in accordance with the approved DOW schedule for this facility?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are there any unaddressed process factors that limit the purchased water contracted amount in the last 10 years?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the system(s) you purchase from drought-vulnerable?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Describe any water quality monitoring done on the water at the master meter: <u>TTHMs, HAA5s, Taste & Odor, Chlorine</u>		
List any chemicals fed at the master meters: <u>none</u>		
If multiple sources are available, is the one in use considered to be the best in terms of water quality?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is purchased water flow measured?	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
When was the meter last calibrated? <u>9/20/21</u>		
<p>COMMENTS: The system is serviced by 4 master meters; 2 from Mt. Vernon (KY1020299 = Brush Creek and Sand Springs), 1 from Jackson Co. (KY0550209) in the Three Links community and 1 from Livingston (KY1020253) in the Sand Hill area.</p> <p>The Mt. Vernon mms are 4" & 6" mag meters, they were both certified on 9/20/21.</p> <p>The 2" Jackson Co. mm was certified on 12/4/19 (required by PSC once every 4 years). It does not presently have a digital readout.</p> <p>On 8/16/22, the operator at Livingston submitted a request to a contractor to have the mm calibrated.</p> <p>The system also has ultrasonic meters installed right after the seller's for reference, they are calibrated annually.</p>		

II. TREATMENT

GAS CHLORINE SAFETY		
N/A		
Is the chlorine room enclosed and separate from other operating areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a working exhaust fan in the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does it provide one complete air change per minute?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does it exhaust from floor level?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is intake air near the ceiling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there an external audible and visual alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are switches located outside the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are chlorine tanks secured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the scales operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is automatic switchover of chlorine cylinders provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is there a shatterproof viewing window in chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a crash bar on the door of the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the door open out and to the exterior of the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a SCBA unit meeting NIOSH standards outside the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are personnel trained to use the SCBA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the "buddy system" practiced when changing or moving chlorine cylinders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is leak detection provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is ammonia available for chlorine leak detection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a chlorine tank repair kit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are personnel trained and certified to use the kits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:		

III. DISTRIBUTION SYSTEM

DISTRIBUTION SYSTEM		
Does the system have standard specifications for design and construction of the distribution system?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system prohibit new connections where pressure on the discharge side of the meter will be <30 psi?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the system able to meet minimum pressure requirements of DOW and/or other regulating authority?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented leak detection program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the distribution system have a sufficient number of valves to isolate portions of the system (for leak detection, maintenance, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If there are separate distribution system areas, are they interconnected with each other?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If they are not interconnected, how many separate areas are there? <u>4</u>		
What prevents these systems from being interconnected? <u>topography</u>		
How many pressure zones are there? <u>4</u>		
What is the range of distribution pressures? <u>80-200</u>		
Do any distribution areas require reduced pressure valves?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What piping materials are included in the distribution system? <u>PVC, DI</u>		
Does the system have a program for flushing water mains?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Describe the process for sterilizing new mains/main breaks: <u>all line repairs are contracted</u>		
What types of on-line instrumentation are located at booster or pump stations and tanks? <u>telemetry, pressure, chlorine</u>		
Does the system have a documented program for exercising distribution system valves?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented program for regular testing of water meters including master meter and customer?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a water meter replacement program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are there main break/emergency notification procedures?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented procedure for issuing a boil water advisory and a consumer advisory?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The procedure shall identify when (how soon after the occurrence) and how the system shall notify the affected health department, to whom that notification shall be made both during and after normal business hours, and procedures for issuing the advisory to the public. The public notification shall include instructions for the public (including how to properly boil water) and an explanation of steps being taken to correct the problem.		
Describe how the decision is made to issue a Boil Water Advisory: <u>consecutive system, if the repair takes longer than 8 hours, loss of pressure below <20 psi</u>		

DISTRIBUTION STORAGE FACILITIES									
Inspected									
LOCATION			VOLUME (gallons)	TANK TYPE	OVERFLOW		LAST CLEANED/ INSPECTED	TELEMETRY	% TURNOVER (Per Day)
ROAD/AREA	LATITUDE	LONGITUDE			SCREEN/ FLAPPER	>10' FROM TANK			
Three Links	37.498229	-84.205330	80,000	Standpipe	YES	YES	11/20	YES	67
Pongo	37.22533	-84.34381	15,000	Standpipe	YES	YES	11/20	YES	197

Are all storage tanks professionally inspected at least every 5 years (including interior, coating systems, & piping)? Yes ☒ No ☐

How often are tanks inspected and cleaned? INSPECTED: 5 years CLEANED: As needed

Are all storage tanks and water plants equipped with hatches, covers, screens, vandal guards and locks and all tank sites fenced for security? Yes ☒ No ☐

Are all hatches, screens, and overflows on the storage tanks checked at least monthly? Yes ☒ No ☐

Is there corrosion protection in the tanks? Yes ☒ No ☐

COMMENTS: Both tanks were cleaned, sandblasted and painted in November 2020.

- 3 -

				@		
				@		
				@		
				@		

COMMENTS: There is a pump station (2@80) located in Gausey (37.31152 / -84.20085) that is not in operation.

Pongo pumps are located ~1 mile before (North of) the tank. At the tank site, there are 4 pressurized bladder tanks (15 ga each = 60 ga) that operate at 63 psi each.

Sand Hill pumps are located in a vault at the Livingston MM on Ford Hollow Rd. The 600 ga pneumatic tank located on Sand Hill Road was taken out of service in the Summer of 2021. There are 4 pressurized bladder tanks (15 ga each = 60 gallon) on Sand Hill Road near 37.28575 -84.24427.

Generators will be installed at both PS sites in the near future.

Each of the 2 pumps at the PS sites alternate in usage.

Bladders in the pressurized tanks are changed out annually (PM) by Service Specialties.

DISTRIBUTION SAMPLING (a minimum of N, S, E, W)					
SITE	CHLORINE		pH	TURBIDITY	OTHER
	FREE	TOTAL			
Buffalo Baptist Church (seller = Mt. Vernon Water)	0.82	0.96		0.08	
6461 Red Hill Road (seller = Jackson Co. Water)	1.46	1.55		0.09	Facility (BM) = 1.23 free
5052 Sand Hill Road (seller = City of Livingston)	0.79	0.91		0.45	Facility (BM) = 0.61 free
Johnetta Schoolhouse Inn = EOL (seller = Mt. Vernon Water)	1.13			0.13	Facility (BM) = 1.02 free

Is the system maintaining the required chlorine (0.2 mg/l) / chloramine (0.5 mg/l) residuals in the distribution system? Yes ☒ No ☐

COMMENTS: Hach in-line chlorine analyzers are in service at the Three Links tank, the Pongo tank and the Sand Hill bladder tank. Data is electronically recorded and monitored by staff.

MAINTENANCE	
Is office housekeeping adequate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is distribution storage housekeeping adequate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Are adequate supplies of spare parts kept on hand?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are needed tools available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If not, is preventive maintenance performed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a lock-out/tag-out system used for electrical repairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the general condition of operating equipment? _____	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS: Electrical repairs are performed by a contractor.		

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

OVERALL TECHNICAL COMPLIANCE STATUS		
<input checked="" type="checkbox"/> No Violations Observed		
<input type="checkbox"/> No Violations Observed - Advisory Action Taken (Impending trends)		
<input type="checkbox"/> Out of Compliance – Verbal notice given (Non-recurrent deficiency noted or violation corrected at time of inspection.)		
INSPECTOR: Beth Trent	TITLE: Environmental Inspector	DATE: 08/18/2022

**KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER**

Drinking Water Sanitary Survey

Managerial and Financial Assessment of Distribution-Only Surface Water & Ground Water Systems

PWS ID: KY1020288

Agency Interest Number: 34097

AI Name: Kentucky American Water - Eastern Rockcastle

County: Rockcastle

Regional Office: London Regional Office

Capacity Development Inspection Date(s): 8/23/2022

SYSTEM CONTACT INFORMATION					
Full Name: Bob Money			Title: Manager, Water Quality & Env. Compliance		
Phone Number: 859-268-6317		FAX Number:		E-Mail Address: bob.money@amwater.com	
Mailing Address: 2300 Richmond Road			City: Lexington		State: KY
Physical Address of Office: 9246 Main Street (Livingston)					Zip Code: 40502
DISTRIBUTION SYSTEM INFORMATION					
Contact Person: Charles Dick			Title: Senior Operations Supt.		Phone Number: 859-268-6317
Distribution Class: IID-Pop. 1500-15,000			System Service Connections (meters): 651		
System Population Served Calculated: 1,751			System Population Served Reported:		
Meters Served Outside Your System:			Consecutive Systems Population Served Calculated:		
WATER PURCHASED, SOLD, & EMERGENCY CONNECTIONS					
WATER PURCHASED FROM: <i>(List primary purchase source first.)</i>			Number of Master Meters	Amount Monthly (average)	Amount Available by Contract (monthly)
SYSTEM NAME	PWS ID #	AI #			
Jackson Co. Water Assoc.	KY0550209	1924	1	1,925,267	1,500,000
Mt. Vernon Water Works	KY1020299	3859	2	1,543,917	1,180,000
Livingston Municipal WW	KY1020253	34096	2 (1 Active)	283,158	450,000
Average Total Water Purchased Daily: 124,514 gallons			Maximum Total Water Purchased Daily: 299,443 gallons		
WATER SOLD TO: <input checked="" type="checkbox"/> Not Applicable			Number of Master Meters	Amount Monthly (average)	Amount Available by Contract (monthly)
SYSTEM NAME	PWS ID #	AI #			
Jackson Co. Water Assoc.	KY0550209	1924	1		Unusable due to Pressure Difference
COMMENTS: Consider the following: Reviewing the contract purchase limits for Jackson Co Water Association and Mt. Vernon Water Works					

I. OPERATOR COMPLIANCE

Do the operators perform maintenance as well as distribution operations?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Do you have contingency plans for replacing retiring system personnel?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Who provides training/technical assistance for license renewal? (✓ all that apply): <input type="checkbox"/> AWWA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOW <input checked="" type="checkbox"/> KRWA <input checked="" type="checkbox"/> KWWOA <input type="checkbox"/> RCAP <input checked="" type="checkbox"/> Other <u>In-House; Online (Suncoast)</u>				
What type of training is typically obtained? (✓ all that apply): <input checked="" type="checkbox"/> REGULATIONS <input checked="" type="checkbox"/> SAFETY <input type="checkbox"/> UMI <input checked="" type="checkbox"/> WATER QUALITY				
Does the system pay for registration, lodging and meals?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system allow operators to attend training on company time?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Number of shifts on weekdays: <u>1</u>		Length of Shift (hours)	Number of Operators	
	1 st Shift	<u>8</u>	<u>2</u>	
	2 nd Shift	<u>On-Call</u>	<u>On-Call</u>	
	3 rd Shift	<u>On-Call</u>	<u>On-Call</u>	
How are weekends covered? <u>On-Call</u>				
How are holidays covered? <u>On-Call</u>				
OPERATOR CERTIFICATION				
LICENSEE NAME	LICENSEE AI #	LICENSE ID	LICENSE TYPE	
Dick, Charles R.	46253	64535	DW Distribution IVD	
Trowbridge, Rodney			Operator in Training	
Is the system staffed with appropriately certified operators? (Verify certification with DCA.)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
COMMENTS:				

II. MONITORING, REPORTING & DATA VERIFICATION*(Part A must be completed for all water systems. Part B must be completed for groundwater systems only.)*

PART A <i>(Complete for all water systems.)</i>		
REPORTING ITEM – Information gathered from DWW	RETENTION TIME	
<i>Bacteriological</i> - <u>2</u> per month (See DWW)	5 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Chlorine/Chloramines</i> – Free chlorine monthly with BACTs, daily for MORs, residual chlorine monthly	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>MORs</i> – Monthly (Turbidity Analysis)	1 Year	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Lead & Copper</i> - <u>10</u> every 3 years (June to September)	12 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>TTHM & HAA5</i> <u>2</u> per <u>Quarter</u> (see DWW)	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Asbestos</i> – 1 sample in the 1 st 3 years of the 9 year compliance cycle (SOC) *Check for Waiver (only purchasers can have waiver)*	Begin 2011/2013	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Stage 2 IDSE Sampling Plan or 40/30 Certification</i>	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>Stage 2 IDSE Report</i>	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>Data Summaries</i> (if actual data not retained)	12 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOVs</i> (Notices of Violation)	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Sanitary Surveys</i> (every 3 years)	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>CCR</i> (Consumer Confidence Report) – Annually by July 1 (by April 1 to consecutive systems)	Current one on file	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain a current sampling plan for BacTs?	Date updated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain a current sampling plan for LCR?	Date updated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain a current sampling plan for DBPs?	Date updated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have an up-to-date map of distribution assets? (Map shall show a minimum of all line sizes, cutoff valves, fire hydrants, flush hydrants, tanks, booster pumps, chlorination stations, connections to emergency or alternative sources, wholesale customer master meters, & the type of piping material in the distribution system and its location.)	Date updated Continuously Updated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
PART B <i>(Complete for groundwater systems only.)</i>		
<input checked="" type="checkbox"/> Not Applicable		
<i>GWR Corrective Action</i>	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Public Notices</i>	3 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Fecal-positive invalidation</i>	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR State-specified minimum disinfectant residual</i> (letter from CTAB)	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Lowest daily disinfectant residual level</i> (submitted with MOR)	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
What method is used to record this? (i.e. SCADA, chart recorders, download to CD)	N/A	
<i>GWR Date and duration of time less than minimum daily disinfectant residual level</i>	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Records of state-specific compliance requirements for membrane filtration and alternative treatment</i>	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain compliance records as required? (answer for both Parts A & B)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
COMMENTS:		

III. MANAGEMENT & OPERATIONS

What professional organizations does the water system belong to? <u>KRWA; AWWA; KWWOA; NAWC; Chamber of Commerce</u>		
Is the system subject to Public Service Commission regulations?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system attend Water Management Council meetings of the Area Development District?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a governing entity? If not, explain: <u>Board of Directors</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
What is the name of the system's OTHER? <u>Kathryn Wash</u>		
What is his or her mailing address? <u>Same as system</u>		
How often does the governing body meet? <u>Monthly</u>		
Do operators attend these meetings?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
Is the governing entity provided with documented information regarding technical, managerial, and financial operations of the water system? (Inspect)		
Is the governing entity familiar with water treatment/distribution?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Does the system offer continuing education opportunities for members of the governing entity?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Does the system have regular staff meetings?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
How often? <u>Weekly</u> _____		
Who is involved? <u>Departments (Employees)</u>		
Does the system have a documented strategic plan (mission statement, goals and objectives)? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a defined organizational structure?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a documented description of each job classification with minimum position qualifications? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have documented policies and procedures governing human resource management (such as an employee handbook)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system periodically review its insurance coverage is in place for liability, property, automobiles, directors, and officers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a documented policy for delegation of authority such as signing agreements, contracts, resolutions, easements, etc.?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a documented procurement policy for purchasing supplies?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have professional services available under a current contract, retainer, or other similar arrangement for engineering, accounting, and legal counsel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have an asset management program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a documented preventive maintenance program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a capital improvement plan? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
How many years does the plan cover? <u>KY Wide; Priority Ranking</u>		
Does the system have a documented policy governing water main extensions? (Inspect)		
Are chemicals inventoried? If so, how? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Are distribution materials inventoried? If so, how? <u>Inventory System (Employee)</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Is there a bid process for chemicals, pipe, or large item purchases?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

Does the system have rules and regulations governing the provision of service? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system make available in a public place the rules, rates, and regulations? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system provide 24-hour service response for customers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system notify customers prior to performing scheduled maintenance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system log customer complaints and track resolution?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system provide any educational activities to the public?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Who is responsible for providing this? <u>External Affairs Staff</u>			
What types of educational activities are done? <u>Special Events; Bill Inserts; School Presentations; Social Media Outreach</u>			
Does the system have sufficient O & M manuals? (Inspect) (O & M manuals shall include: a detailed design of the plant, daily operating procedures, a schedule of testing requirements designating who is responsible for the tests, and safety procedures for operation of the facility – including storage and inventory requirements for materials and supplies.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
How are the operators made aware of O & M procedures? <u>SOPs; Available for reference; Internal Training</u>			
Has the system received any NOV's for MCLs in the last 3 years? If yes, answer the following:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
If more than one NOV, were any for the same contaminant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was a public notice issued when required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
What remedial measures did the system take to prevent future occurrences of these violations? _____			
Does the system maintain a log of all breaks or ruptures per 401 KAR 8:150, Section 4? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the system operating at or above 85% of water available through purchase contracts? (see COW)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, what is the percentage? <u>See Below</u> %			
If system's average daily demand exceeds 85% of available water through purchase contracts, does system have a plan for obtaining additional water, including cost and timeframes to address the needed additional water?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If applicable, describe plan for obtaining additional water: <u>Contract Usage: Jackson Co. W.A. (128 %); Mt. Vernon WW (130.8 %); Livingston Municipal WW (62.9 %); See Water Loss Section; Updating purchase contract</u>			
COMMENTS:			

IV. FINANCIAL

Does the system prepare an annual operating budget? (Provide summary)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the system prepare an annual capital budget? (Inspect)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Who prepares the budget? _____			
Do the operators have input into the budget?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are training and license funds built into the budget?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the governing entity review and approve the budget?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the system prepare regular monthly reports to show variances between budgeted and actual revenue and expenses? (Inspect)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the system maintain its financial records utilizing the Kentucky Uniform System of Accounting or a comparable system? (Inspect)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Are financial statements audited by a CPA as required? (Inspect) (Water districts, special districts – i.e. regional water commissions and cities have specific requirements.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If audit is completed, does the governing entity receive and review the audit report?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the system employ a method for depreciation of system assets?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the system operating at a retained earnings surplus? (Retained earnings is the net income that is available at the end of the year and available for transfer.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the current debt-to-equity ratio below 1.0? (The debt-to equity ratio for any given year is computed by dividing total liabilities by total equity.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the water system meet a debt coverage ratio needed for bond ordinances, loan agreements, and bond requirements? A typical value is 1.2. (Debt coverage ratio is computed by dividing cash available for debt service (net income with annual interest, depreciation, amortization, and other non-cash items added back) by debt service requirements for the year.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the water system revenue go to meet other expenses (i.e. electric, sewer or garbage)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there a documented policy for delinquent accounts? What is it? <u>Per PSC Requirements (See Tariff)</u>		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
For accounts payable, has the system kept payments less than 45 days past due over the last 12 months?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the system write-off bad debt annually?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Where does the system typically go for financial assistance? _____				
Does the system have any long-term debts?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the system current on all debt service payments (if applicable)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the system meeting reserve account requirements (if applicable)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there an approved* rate structure in place? (Provide copy of rate sheet.) (*Approved by governing entity/PSC as applicable.) What were the dates of the system's last 2 non-pass-through rate increases? <u>6/2019 & 6/2015</u> What were the dates of the system's last 2 pass-through rate increases? _____ & _____		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the system perform a review annually to determine if the rates fully cover the expenses?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are long-term needs built into rate increases?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Do rates promote conservation in time of drought?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
COST OF WATER PURCHASED AND SOLD				
Purchasers	What is the highest wholesale price you pay per 1,000 gallons of water?	<u>\$3.69</u> (Livingston)		N/A <input type="checkbox"/>
	What is the lowest wholesale price you pay per 1,000 gallons of water?	<u>\$2.93 (Mt. Vernon WW)</u>		N/A <input type="checkbox"/>
Sellers	What is your highest wholesale price which you charge per 1,000 gallons of water?	\$_		N/A <input checked="" type="checkbox"/>
	What is your lowest wholesale price which you charge per 1,000 gallons of water?	\$_		N/A <input checked="" type="checkbox"/>
WATER LOSS				
Does the system track water loss on a monthly basis?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Report water loss for the past year as a percentage of total water purchased in gallons and as a dollar value.		<u>37.39%</u> <u>16,162,000</u> gallons <u>\$~47,355 (@ \$2.93/1K gal)</u>		

If water loss is above 15%, does the system have a plan to address this?Yes ☒ No ☐ N/A ☐If yes, describe plan to address water loss: Non-Revenue Water Reduction Plan; Replaced all meters after acquisition in 2018; Targeted line replacements; Active leak detection**COMMENTS:** Consider the following: Continuing to address water loss**V. SECURITY**

Does the system have a documented safety policy?

Yes ☒ No ☐ N/A ☐

Does the system provide regular safety training to its employees?

Yes ☒ No ☐ N/A ☐

Is the utility a member of the Local Emergency Planning Committee?

Yes ☒ No ☐ N/A ☐

Does the system have an updated Emergency Response Plan that is reviewed annually? (Inspect)

Yes ☒ No ☐ N/A ☐

Does the emergency response plan include a plan for responding to water shortages and loss of service?

Yes ☒ No ☐ N/A ☐Yes ☒ No ☐ N/A ☐

Is the Emergency Response Plan exercised?

How is the Emergency Response Plan communicated to all employees? Available Online; Onsite

Does the distribution system ever disable the telemetry/SCADA system and run on manual?

Yes ☒ No ☐ N/A ☐

Has the system developed procedures for securing computer/SCADA usage?

Yes ☒ No ☐ N/A ☐

Are backup copies of O & M manuals maintained in a location other than the office?

Yes ☒ No ☐ N/A ☐

Is the purchased water source equipped with emergency standby power generation or is there a secondary source of power? (e.g. contracts in place with suppliers for emergency generators or dual electrical feed)

Yes ☐ No ☒ N/A ☐

Are backup emergency generators exercised regularly?

Yes ☐ No ☐ N/A ☒

Is other backup equipment exercised regularly?

Yes ☐ No ☐ N/A ☒

Have arrangements been made with outside contractors, other utilities, etc. to provide needed emergency equipment?

Yes ☒ No ☐ N/A ☐**COMMENTS:** *System is working to acquire emergency generators**DOCUMENTATION** (✓ all that apply)☐ Photographs obtained by DEP☒ Copies of records obtained by DEP☐ Other documentation**OVERALL COMPLIANCE STATUS**☒ No Violations Observed☐ No Violations Observed - Advisory Action Taken (Impending trends)☐ Out of Compliance – Verbal notice given (Non-recurrent deficiency noted or violation corrected at time of inspection.)

CDPM: Ryan Reed

Title: Environmental Scientist IV

Date: 9/29/2022



ANDY BESHEAR
GOVERNOR

REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

DIVISION OF WATER
300 SOWER BLVD
FRANKFORT, KY, 40601

September 29, 2022

Mr. Bob Money
KY American Water Co
2300 Richmond Rd
Lexington, Kentucky 40502

RE: KY American Water Co -- 1063
Permit No.: KY0340250
Fayette County, Kentucky
Activity ID: CIN20220004

Dear Mr. Money:

Attached for your information and records is a copy of the drinking water comprehensive inspection performed at KY American Water Co on August 31, 2022.

Please review the enclosed inspection report.

If you have any questions or comments concerning this inspection, please contact the Frankfort Regional Office at: (502) 564-3358.

Sincerely,

A handwritten signature in black ink that reads "Deborah E. Singleton".

Deborah Singleton
Environmental Inspector
Frankfort Regional Office
Division of Water

DES
Enclosure:

**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Surface Inspection**

Site/Permit ID: KY0340250	Division: Water	Regional Office: Frankfort
Site Name: Kentucky Americal Water- Plant A	Program: Drinking Water	
Site Address: 6300 Cedar Creek Road		
City: Lexington	State: KY	Zip: 40515 County: Fayette
Inspection Type: Routine Surface	Purpose: Comprehensive	AI #: 1063
Inspection Date: 8/31/22	Time: Start 1230 PM End 14:15 PM	
Latitude: 37 54' 16"	Longitude: 84 22' 42"	
Coordinate Collection Method: G40-Handheld receiver		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky American Water- Plant A	Contact Name: Robert Money	
Phone No.: 858-335-3660	Fax No: 859-335-3388	Email Address: bob.money@amwater.com

I. Administrative Requirements

Comments: [The facility has not received any enforcement actions since the previous inspection.](#)

I. Compliance Status - No violations observed

II. Operator Certification/Accreditation Requirements
--

Operator in Charge or on duty.

Operator Name	Plant Certification #	Distribution Certification #
Edwin Sturgis	Class IVA, #81	
Janet Bemiss	IVA#1551	

Comments: [A complete list of operators was provided during the inspection.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: [Not evaluated. Non-comprehensive inspection performed.](#)

III. Compliance Status - Not Evaluated

IV. Reporting Requirements

Comments: **The facility provides the reports to the Division of Water in a timely manner.**

IV. Compliance Status - No violations observed

V. Operation & Maintenance/Performance Requirements

Plant Type: ☒ C ☐ N ☐ P Service Connections: **129,493** Population Served: **348,336**

Average Production MGD: **22.69** Max. Production MGD: **39.4** Design Capacity MGD: **45**

Source: **Kentucky River**

RATING CODES: S1=No Violations Observed; S2=No Violations Obs-but impending viol trends obs; U1=Out of Compliance-No action taken; U2= Out of Comp-LOW non-recurrent Adm. or O & M; U3= Out of Compliance-NOV; NA = Not Applicable; NE = Not Evaluated. **(Add additional comments if U1-U3.)**

	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
CHEMICAL & PHYSICAL TREATMENT	S1	a) Intakes, pumps, piping <input checked="" type="checkbox"/>	# Of Levels 1 # Pumps 6 Max pump.
	NA	b) Aeration <input type="checkbox"/>	
	S1	c) Rapid mix <input type="checkbox"/>	Type: Mechanical paddle If other:
	NA	d) Flocculation <input type="checkbox"/>	# of Stages # of Trains Variable Speed
	S1	e) Sedimentation <input checked="" type="checkbox"/>	Type: Hydrotreator # of trains:
	S1	f) Chemical feed coagulation	Polyaluminum Cl/SO4
	S1	g) Carbon Feed: <input checked="" type="checkbox"/>	Feed Site1: Feed Site 2:
	S1	h) Filters & controls	Mixed Media Filter to Waste <input checked="" type="checkbox"/>
	S1	i) Filters / size sq.ft each./ rate	# 10 Size 718 Filtration Rate: 4
	S1	j) Automatic analyzers:	Chlorine: <input checked="" type="checkbox"/> Turbidity: <input checked="" type="checkbox"/> Each filter: <input checked="" type="checkbox"/> pH: <input type="checkbox"/>
	S1	k) Chemical storage:	Dry on pallets? <input type="checkbox"/> Chemical containment: <input type="checkbox"/>
	NI	l) Clearwell / screened vents	Size: Baffling: <input type="checkbox"/> Locked <input type="checkbox"/> Screened <input type="checkbox"/>
	NI	m) Pumps # and size in gpm	High Service @ Backwash @
SITE DATA		n) Site Data:	Cl. Free: Total: pH: :
		o) Site Data:	Cl. Free: Total: pH:
		p) Site Data:	Cl. Free: Total: pH:
		q) Site Data:	Cl. Free: Total: pH:
DISINFECTION	NI	r) Disinfection Pre: <input type="checkbox"/> Post: <input type="checkbox"/>	Pre Type: Post type:
	NI	s) Automatic chlorinator <input type="checkbox"/>	Automatic changeover <input type="checkbox"/> Proper Fan <input type="checkbox"/>
	NI	t) Separate room & ventilation	Crash Bar <input type="checkbox"/> Alarm <input type="checkbox"/>
	NI	u) Safety equipment	SCBA <input type="checkbox"/> Ammonia <input type="checkbox"/> Detector <input type="checkbox"/>
LABORATORY & RECORDS	S1	v) Laboratory equipment	Adequate Space <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Lighting : <input checked="" type="checkbox"/>
	S1	(1) Turbidimeter <input checked="" type="checkbox"/>	Type: HACH Last calibrated: 2/24/2022
	S1	(2) Adequate reagent supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	(3) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH DPD reagent up-to-date: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	S1	w) Monthly operating reports	<input checked="" type="checkbox"/> Daily Record Sheet <input checked="" type="checkbox"/> Agreement: <input checked="" type="checkbox"/>
	S1	x) Housekeeping	good
DISTRIBUTION	NA	y) Master meter ; Recorder	Raw: <input type="checkbox"/> Finished: <input type="checkbox"/> ; Raw: <input type="checkbox"/> Finished: <input type="checkbox"/>
	NA	z) Blowoffs / hydrants; flushing	Flushing Schedule: <input type="checkbox"/> Blowoffs on deadends: <input type="checkbox"/>
	NA	aa) Water storage:	# of Tanks Total Storage:
	NA	bb) Booster pumps / chlorinators	Booster pumps: <input type="checkbox"/> Booster chlorinators: <input type="checkbox"/>
PLANT ON SITE OBSERVATION	S1	cc) Plant Data:	Cl free: total: 3.3 pH: 7.7 on line-CL 3.23
	S1	dd) Turbidity	Raw: 14 Settled: 1.6 Combined Filter: 0.03
	NI	ee) Bacteriological monitoring	Samples per mo. Records: <input type="checkbox"/>
	NI	ff) No cross-connections observed	None observed: <input type="checkbox"/> Observed: <input type="checkbox"/> Program: <input type="checkbox"/>

	S1	gg) Wastewater discharge	Is sizing adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO
--	----	--------------------------	---

Comments: The facility was clean and operational at the time of the inspection. The new intake access car system has been completed. Flow is directed through a rapid mix where DelPAC 202 and other polymers are added. Water is then processed through hydrotreaters. All five hydrotreater valve houses have been reworked and new Swan Sewnaos Turbiwell instrumentation has been installed. Weekly calibration checks are performed on all sampling equipment by facility personnel. A THM on-line analyzer has been installed on the plant effluent. The new chemical building has been completed. The facility is now using liquid chlorine for disinfection. Chemical areas are marked appropriately and are secure. The intake screens were being worked on at the time of the inspection.

The laboratory was satisfactory. Standards were observed to be current. Records observed during the inspection include analytical bench sheets, temperature log books, and calibration logs. Laboratory instrumentation was calibrated by an outside source in February 2022. The plant on-line chlorine and bench top chlorine readings were comparable.

The distribution system for this plant is associated with the Richmond Road facility.

The following upgrades are being looked at or are in the planning state: A UV disinfection system; a new solids/ filter backwash handling system.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance

Comments: The facility holds a KPDES Permit for the wastewater discharge.

VI. Compliance Status - No violations observed

VII. Monitoring/Analyses Evaluation

Comments: Not evaluated.

VII. Compliance Status - Not Evaluated

VIII. Environmental /Health Impact

Work Site Hazard Assessment : ☒ ATTACHED ☐ REVIEWED

Comments: No major concerns were noted at the time of the inspection.

VIII. Compliance Status – No violations observed

IX. Documentation

☒ Samples taken by DEP

- ☐ Samples taken by outside source
☐ Instrument readings taken by DEP regional office
☐ Photographs obtained by DEP
☒ Copies of records obtained by DEP
☒ Other documentation

Inspector: Deborah Singleton	Title: Environmental Inspector III	Date: 8/31/2022
--	--	---------------------------------

Signature: DES

Overall Compliance Status
<input checked="" type="checkbox"/> No violations observed
<input type="checkbox"/> No violations observed, but impending violation trends observed
<input type="checkbox"/> Out of Compliance- No action taken
<input type="checkbox"/> Out of Compliance LOW non-recurrent administrative or O & M
<input type="checkbox"/> Out of Compliance - NOV

Comments:

Delivery Method: Regular Mail	Cert. Mail #:
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ANDY BESHEAR
GOVERNOR



REBECCA W. GOODMAN
SECRETARY

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

ANTHONY R. HATTON
COMMISSIONER

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601
TELEPHONE: 502-564-2150
TELEFAX: 502-564-4245

November 7, 2022

Bob Money
Kentucky American Water - Millersburg
2300 Richmond Rd
Lexington, KY 40502
AI: 296 PWSID: KY0090287

RE: Drinking Water Sanitary Survey

Dear Mr. Money:

The Division of Water conducted a Drinking Water Sanitary Survey (attached) of [Kentucky American Water - Millersburg](#) on [September 7th, 14th 2022](#). A Capacity Development assessment was done as part of the survey.

[Kentucky American Water - Millersburg](#) is to be commended as they did not have any deficiencies at this time.

The Division recommends the following:

- **Reviewing the Harrison Co Water Association's and Paris Water Work's contract limit**
- **Continuing to address water loss**

Assistance with the "Managerial and Financial Assessment" section of the sanitary survey for [Kentucky American Water - Millersburg](#) can be obtained by contacting [Ryan Reed](#) at (502) 782-7045.

If you have any questions regarding the "Technical Inspection" portion, contact [Jarod Jones](#) in the [Frankfort Regional Office](#) at (502) 564-3358.

Sincerely,

A handwritten signature in cursive script that reads "Gabriel Tanner".

[Gabriel Tanner](#)
Technical Assistance
Drinking Water Branch
Division of Water

Drinking Water Sanitary Survey

TECHNICAL INSPECTION OF SURFACE WATER DISTRIBUTION-ONLY SYSTEM OPERATIONS

PWS ID: **KY0090287**

Agency Interest Number: **296; %%activity_id%%**

AI Name: **Kentucky American Water - Millersburg**

County: **Bourbon**

Office Latitude: **38.297222** **Office Longitude:** **-84.145556**

CTAB Inspection Date(s): : 09/07/2022 10:00 AM

I. SOURCE

Does the system perform water quality monitoring in accordance with the approved DOW schedule for this facility?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are there any unaddressed process factors that limit the purchased water contracted amount in the last 10 years?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the system(s) you purchase from drought-vulnerable?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Describe any water quality monitoring done on the water at the master meter: _____		
List any chemicals fed at the master meters: _____		
If multiple sources are available, is the one in use considered to be the best in terms of water quality?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is purchased water flow measured?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
When was the meter last calibrated? <u>Meters are calibrated annually</u>		
COMMENTS: KYAM personnel monitor water usage as required.		

II. TREATMENT

GAS CHLORINE SAFETY		
N/A		
Is the chlorine room enclosed and separate from other operating areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a working exhaust fan in the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does it provide one complete air change per minute?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does it exhaust from floor level?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is intake air near the ceiling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there an external audible and visual alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are switches located outside the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are chlorine tanks secured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the scales operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is automatic switchover of chlorine cylinders provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a shatterproof viewing window in chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a crash bar on the door of the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the door open out and to the exterior of the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a SCBA unit meeting NIOSH standards outside the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are personnel trained to use the SCBA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is the "buddy system" practiced when changing or moving chlorine cylinders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is leak detection provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is ammonia available for chlorine leak detection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a chlorine tank repair kit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are personnel trained and certified to use the kits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COMMENTS:		

III. DISTRIBUTION SYSTEM

DISTRIBUTION SYSTEM		
Does the system have standard specifications for design and construction of the distribution system?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system prohibit new connections where pressure on the discharge side of the meter will be <30 psi?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the system able to meet minimum pressure requirements of DOW and/or other regulating authority?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented leak detection program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the distribution system have a sufficient number of valves to isolate portions of the system (for leak detection, maintenance, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If there are separate distribution system areas, are they interconnected with each other?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If they are not interconnected, how many separate areas are there? _____		
What prevents these systems from being interconnected? _____		
How many pressure zones are there? _____		
What is the range of distribution pressures? _____		
Do any distribution areas require reduced pressure valves?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
What piping materials are included in the distribution system? _____		
Does the system have a program for flushing water mains?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Describe the process for sterilizing new mains/main breaks: <u>sterilize with 50 PPM chlorine hold for 24 hours and 25 ppm for additional 24 hours. Breaks are repaired, flushed, chlorinated and BACTs collected analyzed.</u>		
What types of on-line instrumentation are located at booster or pump stations and tanks? <u>Chlorine/pressure</u>		
Does the system have a documented program for exercising distribution system valves?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented program for regular testing of water meters including master meter and customer?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a water meter replacement program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are there main break/emergency notification procedures?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented procedure for issuing a boil water advisory and a consumer advisory?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The procedure shall identify when (how soon after the occurrence) and how the system shall notify the affected health department, to whom that notification shall be made both during and after normal business hours, and procedures for issuing the advisory to the public. The public notification shall include instructions for the public (including how to properly boil water) and an explanation of steps being taken to correct the problem.		
Describe how the decision is made to issue a Boil Water Advisory: <u>Issued if break, leak or if suspected contamination occurs. If pressure of less than 20 psi is detected.</u>		
Does the system have a cross-connection control program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, is the cross-connection control program documented in writing?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If the cross-connection control program is not documented in writing, describe the process for finding and eliminating cross connections: _____		
Does a certified tester test the backflow prevention devices on a regular basis?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Has a calibrated hydraulic model been developed for the system?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

COMMENTS: No issues at the time of inspection. No recommendations.**DISTRIBUTION STORAGE FACILITIES**

Inspected

LOCATION			VOLUME (gallons)	TANK TYPE	OVERFLOW		LAST CLEANED/ INSPECTED	TELEMETRY	% TURNOVER (Per Day)
ROAD/AREA	LATITUDE	LONGITUDE			SCREEN/ FLAPPER	>10' FROM TANK			
Millersburg Tank	38.294556	-84.152249	125,000	Elevated	YES	YES	2017	YES	100

Are all storage tanks professionally inspected at least every 5 years (including interior, coating systems, & piping)? Yes ☒ No ☐How often are tanks inspected and cleaned? INSPECTED: 5 yrs CLEANED: As neededAre all storage tanks and water plants equipped with hatches, covers, screens, vandal guards and locks and all tank sites fenced for security? Yes ☒ No ☐Are all hatches, screens, and overflows on the storage tanks checked at least monthly? Yes ☒ No ☐Is there corrosion protection in the tanks? Yes ☐ No ☒**COMMENTS:** Scada system trasnmits information to KYAM central location.**DISTRIBUTION BOOSTER PUMPS AND/OR BOOSTER DISINFECTION FACILITIES**

Inspected

LOCATION			PUMP or DISINFECTION	NUMBER & CAPACITY OF PUMPS (gpm)	DISINFECTION TYPE	AUXILIARY POWER
ROAD/AREA	LATITUDE	LONGITUDE				
US 68	38.295084	-84.51855	Disinfection	@	Chlorine Liquid	No
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		

COMMENTS: Booster station and its components were observed to be well-maintained at the time of the inspection.

DISTRIBUTION SAMPLING (a minimum of N, S, E, W)					
SITE	CHLORINE		pH	TURBIDITY	OTHER
	FREE	TOTAL			
North	1.71	1.95			
South	2.20	2.20			
East	2.20	2.20			
West	1.80	2.20			

Is the system maintaining the required chlorine (0.2 mg/l) / chloramine (0.5 mg/l) residuals in the distribution system? Yes ☒ No ☐

COMMENTS: Millersber system generally has no issues with maintaining the required disinfectant levels

MAINTENANCE		
Is office housekeeping adequate?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is distribution storage housekeeping adequate?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are adequate supplies of spare parts kept on hand?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are needed tools available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If not, is preventive maintenance performed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a lock-out/tag-out system used for electrical repairs?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What is the general condition of operating equipment? <u>Good</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COMMENTS: KYAM personnel did not indicate any issues with maintaining necessary supplies.		

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

OVERALL TECHNICAL COMPLIANCE STATUS		
<input checked="" type="checkbox"/> No Violations Observed		
<input type="checkbox"/> No Violations Observed - Advisory Action Taken (Impending trends)		
<input type="checkbox"/> Out of Compliance – Verbal notice given (Non-recurrent deficiency noted or violation corrected at time of inspection.)		
INSPECTOR: Jarod Jones	TITLE: Environmental Inspector	DATE: 10/13/2022

**KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER**

Drinking Water Sanitary Survey

Managerial and Financial Assessment of Distribution-Only Surface Water & Ground Water Systems

PWS ID: **KY0090287**

Agency Interest Number: **296**

AI Name: **Kentucky American Water - Millersburg**

County: **Bourbon**

Regional Office: **Frankfort Regional Office**

Capacity Development Inspection Date(s): **9/14/2022**

SYSTEM CONTACT INFORMATION					
Full Name: Bob Money			Title: Manager, Water Quality & Environmental Compliance		
Phone Number: 859-268-6317		FAX Number:		E-Mail Address: bob.money@amwater.com	
Mailing Address: 2300 Richmond Road			City: Lexington		State: KY
Physical Address of Office: 2300 Richmond Road			Zip Code: 40502		
DISTRIBUTION SYSTEM INFORMATION					
Contact Person: Jon "Wes" Felts			Title: Senior Operations Supervisor		Phone Number: 859-268-6317
Distribution Class: ID-Pop. < 1500			System Service Connections (meters): 450		
System Population Served Calculated: 1,211			System Population Served Reported: 1,211		
Meters Served Outside Your System: 7,155			Consecutive Systems Population Served Calculated: 19,247		
WATER PURCHASED, SOLD, & EMERGENCY CONNECTIONS					
WATER PURCHASED FROM: <i>(List primary purchase source first.)</i>			Number of Master Meters	Amount Monthly (average)	Amount Available by Contract (monthly)
SYSTEM NAME	PWS ID #	AI #			
Paris Water Works	KY0090343	300	1	5,738,446	6,000,000
Average Total Water Purchased Daily: 189,140 gallons			Maximum Total Water Purchased Daily: 234,357 gallons		
WATER SOLD TO: <input type="checkbox"/> Not Applicable			Number of Master Meters	Amount Monthly (average)	Amount Available by Contract (monthly)
SYSTEM NAME	PWS ID #	AI #			
Harrison Co. Water Association	KY0490179	33915	1	1,742,263	1,200,000
Nicholas Co. Water District	KY0910314	34050	1	73,790	1,500,000
COMMENTS: Consider the following: Reviewing the Harrison Co Water Association's and Paris Water Work's contract limit					

I. OPERATOR COMPLIANCE

Do the operators perform maintenance as well as distribution operations?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Do you have contingency plans for replacing retiring system personnel?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Who provides training/technical assistance for license renewal? (✓ all that apply): <input type="checkbox"/> AWWA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOW <input checked="" type="checkbox"/> KRWA <input checked="" type="checkbox"/> KWWOA <input type="checkbox"/> RCAP <input checked="" type="checkbox"/> Other <u>In-House/Online (Suncoast)</u>				
What type of training is typically obtained? (✓ all that apply): <input checked="" type="checkbox"/> REGULATIONS <input checked="" type="checkbox"/> SAFETY <input type="checkbox"/> UMI <input checked="" type="checkbox"/> WATER QUALITY				
Does the system pay for registration, lodging and meals?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system allow operators to attend training on company time?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Number of shifts on weekdays: <u>1</u>		Length of Shift (hours)	Number of Operators	
	1 st Shift	<u>8</u>	<u>2</u>	
	2 nd Shift	<u>On-Call</u>	<u>On-Call</u>	
	3 rd Shift	<u>On-Call</u>	<u>On-Call</u>	
How are weekends covered? <u>On-Call</u>				
How are holidays covered? <u>On-Call</u>				
OPERATOR CERTIFICATION				
LICENSEE NAME	LICENSEE AI #	LICENSE ID	LICENSE TYPE	
Felts, Jon "Wes"	103831	18681	DW Distribution IVD	
*See Comment Below				
Is the system staffed with appropriately certified operators? (Verify certification with DCA.)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
COMMENTS: *Union Contract determines staffing within KY American Water (Additional operators)				

II. MONITORING, REPORTING & DATA VERIFICATION*(Part A must be completed for all water systems. Part B must be completed for groundwater systems only.)*

PART A <i>(Complete for all water systems.)</i>		
REPORTING ITEM – Information gathered from DWW	RETENTION TIME	
<i>Bacteriological</i> - <u>2</u> per month (See DWW)	5 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Chlorine/Chloramines</i> – Free chlorine monthly with BACTs, daily for MORs, residual chlorine monthly	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>MORs</i> – Monthly (Turbidity Analysis)	1 Year	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Lead & Copper</i> - <u>10</u> every 3 years (June to September)	12 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>TTHM & HAA5</i> <u>2</u> per <u>Quarter</u> (see DWW)	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Asbestos</i> – 1 sample in the 1 st 3 years of the 9 year compliance cycle (SOC) *Check for Waiver (only purchasers can have waiver)*	Begin 2011/2013	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Stage 2 IDSE Sampling Plan or 40/30 Certification</i>	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>Stage 2 IDSE Report</i>	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>Data Summaries</i> (if actual data not retained)	12 Years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<i>NOVs</i> (Notices of Violation)	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>Sanitary Surveys</i> (every 3 years)	10 Years	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>CCR</i> (Consumer Confidence Report) – Annually by July 1 (by April 1 to consecutive systems)	Current one on file	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain a current sampling plan for BacTs?	Date updated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain a current sampling plan for LCR?	Date updated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain a current sampling plan for DBPs?	Date updated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have an up-to-date map of distribution assets? (Map shall show a minimum of all line sizes, cutoff valves, fire hydrants, flush hydrants, tanks, booster pumps, chlorination stations, connections to emergency or alternative sources, wholesale customer master meters, & the type of piping material in the distribution system and its location.)	Date updated Continuously Updated	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
PART B <i>(Complete for groundwater systems only.)</i>		
<input checked="" type="checkbox"/> Not Applicable		
<i>GWR Corrective Action</i>	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Public Notices</i>	3 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Fecal-positive invalidation</i>	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR State-specified minimum disinfectant residual</i> (letter from CTAB)	10 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Lowest daily disinfectant residual level</i> (submitted with MOR)	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
What method is used to record this? (i.e. SCADA, chart recorders, download to CD)	N/A	
<i>GWR Date and duration of time less than minimum daily disinfectant residual level</i>	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<i>GWR Records of state-specific compliance requirements for membrane filtration and alternative treatment</i>	5 years	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system maintain compliance records as required? (answer for both Parts A & B)		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
COMMENTS:		

III. MANAGEMENT & OPERATIONS

What professional organizations does the water system belong to? <u>KRWA; AWWA; KWWOA; NAWC; Chamber of Commerce; WEF</u>		
Is the system subject to Public Service Commission regulations?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system attend Water Management Council meetings of the Area Development District?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a governing entity? If not, explain: <u>KY Board of Directors</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
What is the name of the system's OTHER? <u>Kathryn Wash (President)</u>		
What is his or her mailing address? <u>Same as System</u>		
How often does the governing body meet? <u>Monthly</u>		
Do operators attend these meetings?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
Is the governing entity provided with documented information regarding technical, managerial, and financial operations of the water system? (Inspect)		
Is the governing entity familiar with water treatment/distribution?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Does the system offer continuing education opportunities for members of the governing entity?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Does the system have regular staff meetings?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
How often? <u>Weekly</u> _____		
Who is involved? <u>By Department (Employees)</u>		
Does the system have a documented strategic plan (mission statement, goals and objectives)? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a defined organizational structure?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a documented description of each job classification with minimum position qualifications? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have documented policies and procedures governing human resource management (such as an employee handbook)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system periodically review its insurance coverage is in place for liability, property, automobiles, directors, and officers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a documented policy for delegation of authority such as signing agreements, contracts, resolutions, easements, etc.?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a documented procurement policy for purchasing supplies?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have professional services available under a current contract, retainer, or other similar arrangement for engineering, accounting, and legal counsel?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have an asset management program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a documented preventive maintenance program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Does the system have a capital improvement plan? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
How many years does the plan cover? <u>KY Wide; Priority Ranking</u>		
Does the system have a documented policy governing water main extensions? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Are chemicals inventoried? If so, how? <u>Inventory System (Employee)</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Are distribution materials inventoried? If so, how? <u>Inventory System (Employee); Work Order System</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Is there a bid process for chemicals, pipe, or large item purchases?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

Does the system have rules and regulations governing the provision of service? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system make available in a public place the rules, rates, and regulations? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system provide 24-hour service response for customers?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system notify customers prior to performing scheduled maintenance?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system log customer complaints and track resolution?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system provide any educational activities to the public?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Who is responsible for providing this? <u>External Affairs Staff</u>			
What types of educational activities are done? <u>Bill Inserts; In-School Activities; Water-Wise Academy; Grants for Environmental Projects (i.e. rainbarrels); Educational Grants</u>			
Does the system have sufficient O & M manuals? (Inspect) (O & M manuals shall include: a detailed design of the plant, daily operating procedures, a schedule of testing requirements designating who is responsible for the tests, and safety procedures for operation of the facility – including storage and inventory requirements for materials and supplies.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
How are the operators made aware of O & M procedures? <u>Field SOPs; OTJ; Available for Reference</u>			
Has the system received any NOV's for MCLs in the last 3 years? If yes, answer the following:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
If more than one NOV, were any for the same contaminant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Was a public notice issued when required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
What remedial measures did the system take to prevent future occurrences of these violations? <u>GAC Filters installed at purchase site</u>			
Does the system maintain a log of all breaks or ruptures per 401 KAR 8:150, Section 4? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the system operating at or above 85% of water available through purchase contracts? (see COW)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, what is the percentage? <u>95.6%</u>			
If system's average daily demand exceeds 85% of available water through purchase contracts, does system have a plan for obtaining additional water, including cost and timeframes to address the needed additional water?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
If applicable, describe plan for obtaining additional water: <u>See Recommendation on 1st Page</u>			
COMMENTS: The managerial section's information applies to KY American Water as a whole. The Board of Directors are presented with "big picture" information for KY as a whole.			

IV. FINANCIAL

Does the system prepare an annual operating budget? (Provide summary)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the system prepare an annual capital budget? (Inspect)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Who prepares the budget? _____			
Do the operators have input into the budget?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are training and license funds built into the budget?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the governing entity review and approve the budget?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the system prepare regular monthly reports to show variances between budgeted and actual revenue and expenses? (Inspect)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the system maintain its financial records utilizing the Kentucky Uniform System of Accounting or a comparable system? (Inspect)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are financial statements audited by a CPA as required? (Inspect) (Water districts, special districts – i.e. regional water commissions and cities have specific requirements.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

If audit is completed, does the governing entity receive and review the audit report?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the system employ a method for depreciation of system assets?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the system operating at a retained earnings surplus? (Retained earnings is the net income that is available at the end of the year and available for transfer.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the current debt-to-equity ratio below 1.0? (The debt-to equity ratio for any given year is computed by dividing total liabilities by total equity.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the water system meet a debt coverage ratio needed for bond ordinances, loan agreements, and bond requirements? A typical value is 1.2. (Debt coverage ratio is computed by dividing cash available for debt service (net income with annual interest, depreciation, amortization, and other non-cash items added back) by debt service requirements for the year.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the water system revenue go to meet other expenses (i.e. electric, sewer or garbage)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there a documented policy for delinquent accounts? What is it? <u>Per PSC Requirements (See Tariff)</u>		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
For accounts payable, has the system kept payments less than 45 days past due over the last 12 months?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Does the system write-off bad debt annually?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Where does the system typically go for financial assistance? _____				
Does the system have any long-term debts?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the system current on all debt service payments (if applicable)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is the system meeting reserve account requirements (if applicable)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there an approved* rate structure in place? (Provide copy of rate sheet.) (*Approved by governing entity/PSC as applicable.)		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
What were the dates of the system's last 2 non-pass-through rate increases? <u>6/2019 & 6/2015</u>				
What were the dates of the system's last 2 pass-through rate increases? _____ & _____				
Does the system perform a review annually to determine if the rates fully cover the expenses?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are long-term needs built into rate increases?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Do rates promote conservation in time of drought?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
COST OF WATER PURCHASED AND SOLD				
Purchasers	What is the highest wholesale price you pay per 1,000 gallons of water?	<u>\$2.25</u>		N/A <input type="checkbox"/>
	What is the lowest wholesale price you pay per 1,000 gallons of water?	<u>\$_____</u>		N/A <input checked="" type="checkbox"/>
Sellers	What is your highest wholesale price which you charge per 1,000 gallons of water?	<u>\$2.25</u>		N/A <input type="checkbox"/>
	What is your lowest wholesale price which you charge per 1,000 gallons of water?	<u>\$2.25</u>		N/A <input type="checkbox"/>
WATER LOSS				
Does the system track water loss on a monthly basis?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Report water loss for the past year as a percentage of total water purchased in gallons and as a dollar value.		<u>21.06%</u>		
		<u>3,145,198</u> gallons		
		<u>\$~7,077</u>		
If water loss is above 15%, does the system have a plan to address this?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, describe plan to address water loss: <u>Targeted Line Replacements; Active Leak Detection; Acoustic Loggers</u>				

COMMENTS: Consider the following: Continuing to address water loss

*The financial section's information applies to KY American Water as a whole.

V. SECURITY

Does the system have a documented safety policy?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system provide regular safety training to its employees?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the utility a member of the Local Emergency Planning Committee?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the system have an updated Emergency Response Plan that is reviewed annually? (Inspect)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Does the emergency response plan include a plan for responding to water shortages and loss of service?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the Emergency Response Plan exercised?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
How is the Emergency Response Plan communicated to all employees? <u>Available Online; Onsite</u>			
Does the distribution system ever disable the telemetry/SCADA system and run on manual?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Has the system developed procedures for securing computer/SCADA usage?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are backup copies of O & M manuals maintained in a location other than the office?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the purchased water source equipped with emergency standby power generation or is there a secondary source of power? (e.g. contracts in place with suppliers for emergency generators or dual electrical feed)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are backup emergency generators exercised regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is other backup equipment exercised regularly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Have arrangements been made with outside contractors, other utilities, etc. to provide needed emergency equipment?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
COMMENTS:			

DOCUMENTATION (✓ all that apply)

- ☐ Photographs obtained by DEP
- ☒ Copies of records obtained by DEP
- ☐ Other documentation

OVERALL COMPLIANCE STATUS

- ☒ No Violations Observed
- ☐ No Violations Observed - Advisory Action Taken (Impending trends)
- ☐ Out of Compliance – Verbal notice given (Non-recurrent deficiency noted or violation corrected at time of inspection.)

CDPM: Ryan Reed

Title: Environmental Scientist IV

Date: 10/7/2022

Inspection Report

GenTrack Item # 227

Section	Field Name	Response
Facility		
	Region:	Northern
	PWS ID:	0340250C
	Category:	Plants
	Facility Name:	KENTUCKY AMERICAN WATER CO. C
	Status:	Active
	GPS Location:	38.358527 -84.865399
	Physical Address:	16035 HWY 127
	Mailing Address:	
	City:	OWENTON
	State:	KY
	Zip Code:	40359
	Phone:	502 484-8373
	Plant Email:	bob.money@amwater.com
	County:	Owen
	Fluoridation:	Yes
	Contact First Name:	Jason
	Contact Last Name:	Case
	Contact Address 1:	
	Contact Address 2:	
	Contact Phone Number:	502 395-2945 (Op)
	Contact Email:	jason.m.case@amwater.com

GenTrack Item # 227 - 9

Section	Field Name	Response
General		
	Inspection Date:	03/21/2023
	Inspector:	Lucas Bentley
	Inspector Information:	275 east Main Street Frankfort KY 40621 Office Phone: 502-564-3246 Home Phone: Lucas.Bentley@ky.gov Active
	Operator On Duty First Name:	Scott

	Operator On Duty Last Name:	Huddleston
	Contact Address 1:	16035 HWY 127
	Contact Address 2:	
	Contact Phone:	502 484-8373
	Certification Number:	21329
	Water Plant Operator Certification Level:	IVA
	Facility Classification Level:	IVA
	[BLANK]	If the Water Plant Operator on Duty is not certified or does not have a certification equal to
		or higher than the Facility Classification, include the name and certification number of the
		operator responsible for the facility instead.
	Water Source:	Surface Water
	Fluoridation Type:	Acid
	Service Connections:	3900
	Populations Served:	10491.00
	AVG Production:	7.5 MGPD
	Flow Rate (Influent)(GPM):	4200 GPM
	Master Meter (Raw):	Satisfactory
	Design Capacity:	40 MGPD
	PWSI Number:	0340250C
	GPS Coordinates:	38.358527 -84.865399
	Comments:	

Chemical Treatment

	Activated Carbon (Activated Charcoal):	Yes
	Aluminum Chloride:	Yes
	Aluminum Chlorohydrate:	No
	Aluminum Potassium:	No
	Aluminum Sulfate (Alum):	No
	Amonia:	Yes
	Calcium Hydroxide (Hydrated Lime):	No
	Calcium Oxide (Quick Lime):	No
	Carbon Dioxide:	No
	Charcoal:	No
	Chlorine (gas):	Yes

	Chlorine (liquid):	No
	Chlorine Dioxide:	No
	Copper Sulfate:	No
	Ferric Chloride:	No
	Ferric Sulfate:	No
	Hydrofluorosilicic Acid (HFS):	Yes
	Hydrochloric Acid:	No
	Hydrochlorites:	No
	Hydrogen Peroxide:	No
	Hydroxide Ammonium:	No
	Phosphate:	No
	Polyaluminum Chloride (PAC):	No
	Polyelectrolytes:	No
	Polyphosphates:	No
	Potassium Hydroxide (Caustic Potash):	No
	Potassium Permanganate:	Yes
	Silica:	No
	Sodium Aluminate:	No
	Sodium Bicarbonate (Baking Soda):	No
	Sodium Carbonate (Soda Ash):	No
	Sodium Chloride (Salt):	No
	Sodium Fluoride:	No
	Sodium Fluorosilicate:	No
	Sodium Hydroxide (Caustic Soda):	No
	Sodium Hypochlorite:	No
	Sodium Permanganate:	No
	Sodium Thiosulfite:	Yes
	Sulfur Dioxide:	No
	Sulfuric Acid:	No
	Ultraviolet:	No
	Others:	ORTHOPHOSPHATE, POLYMER & CAUSTIC SODA.
Fluoride System		
	Saturator System:	Not Applicable

	Saturator Cleanout Date (recommended annually or as needed):	
	Saturator Feed Line Flow Meter	N/A
	Saturator Flow Rate	.
	Feed Water Hardness (ppm as calcium carbonate)"	.
	[BLANK]	
	Saturator Instructions:	<p>*If issues arise with the saturator, please contact your water fluoridation specialist and check the following:</p> <ul style="list-style-type: none"> • Saturated solution of the chemical should be approximately 18,000 ppm and can be verified through either your private lab or the state lab. Be sure to let the lab know that this is a saturated sample by writing the information on the Lab 505 form in red ink and putting "Saturator Sample" at the top of the form. If the results are below 18,000 ppm, saturation of the chemical is not occurring, and the following items need to be checked. <p>If the saturator has not been cleaned out within the last year, a thorough breakdown and cleanout of the saturator and all parts is recommended. Special attention should be given to the complete cleanout of the spider and all connections in the saturator. The flow rate of the feed water flowing through the saturator should not exceed 2 GPM.</p> <p>The hardness of the feed water of the saturator should not exceed 75 ppm as calcium carbonate. If it does, installation of a water softener is recommended.</p> <ul style="list-style-type: none"> • If the results are approximately 18,000 ppm, a drawdown of the metering pump should be conducted to verify proper operation. Contact your water fluoridation specialist to identify the proper dose rate of the metering pump.
	Comments:	
	Dry System:	Not Applicable
	Dry Hopper Scale Mounted	N/A
	Comments:	
	Tablet System:	Not Applicable
	Tablet System Flow Rate:	.
	Comments:	
	Hydrofluorosilicic Acid (HFS) System:	Satisfactory
	Hydrofluorosilicic Acid (HFS) Bulk Tank Size (gallons):	6083
	HFS Day Tank Size (dimensions in inches):	.
	HFS Day Tank Size (gallons):	147
	HFS Day Tank Limitations:	.

	HFS Day Tank Loss of Suction Point (lbs if scale used and inches if volumetric loss used):	.
	HFS Day/Bulk Tank Vented to the Outside Atmosphere:	Satisfactory
	Transfer Pump:	Yes
	Liquid Level Limit Switch:	Satisfactory
	HFS Usage Table:	Yes
	Comments:	Usage Table on SCADA
	[BLANK]	
		Ensure only a maximum 30-hour supply of (HFS) is kept in the day tank to prevent exceeding the MCL

Plant Safety Equipment

	Syphon Breakers Rating:	Satisfactory
	Comments:	
	Ventilation Rating:	Satisfactory
	Forced Ventilation Switch Location:	
	Comments:	
	Chemical Storage Rating:	Satisfactory
	Comments:	
	Method Of Measurement:	Volumetric
	Method of Measurement Rating:	Satisfactory
	Comments:	ULTRA SONIC
	Secondary Containment:	Satisfactory
	Comments:	

Operator Safety Equipment

	Respirator Available:	Yes
	Comments:	
	Face Shield/Safety Glasses Available:	Yes
	Comments:	
	Gloves Available:	Yes
	Comments:	
	Apron/Coat Available:	Yes
	Comments:	
	Eye Wash Station/Deluge Shower:	Satisfactory

	Eye Wash Station/Deluge Shower Maintenance Check (recommended monthly):	Satisfactory
	Comments:	
	Safety Data Sheets (SDS) On-Hand	Yes
Laboratory and Records		
	Tester Brands:	CH EZ-CHECK
	Fluoride Tester Instruction Manual On-Hand	
	Fluoride Tester Calibration Frequency	batteries
	Tester Brand Rating:	Satisfactory
	Comments:	
	Adequate Reagent Supply:	Satisfactory
	Comments:	
	Reagent Up-To-Date (Include either the expiration date or the Lot number in the comments):	Satisfactory
	Comments:	
	Monthly Operating Reports:	Satisfactory
	Last Month AVG-Daily Usage in Pounds:	213.1
	Last Month AVG Daily Pre-Population Results:	3.4
	Last Month AVG Tap Reading:	0.82
	Last Month AVG Raw Reading:	0.09
	Comments:	
	505 Reporting:	Satisfactory
	505 Sample Locations (First Plant/Second Distribution):	Satisfactory
	505 Dates:	Satisfactory
	[BLANK]	The first sample shall be collected from the plant tap during the first week of the month.
		The second sample collected at a point of maximum retention, during the third week of the month
	In Compliance Year to Date:	Yes

	CDC Quality Award Received Two Years Previously	Yes
	Housekeeping:	Satisfactory
	Comments:	
Distribution		
	Point Of Injection:	Satisfactory
	Injection Site:	Pre-Clearwell
	Comments:	
	Chemical Feeder:	Satisfactory
	Comments:	*Entered 0 below because inspection report does not recognize decimal points or percentages. SPEED and STROKE are percentages. Current Settings are a Speed of 17.5% and Stroke of 33%
	Feeder's Brand:	JAC
	Peristaltic Pump Tube Size	.
	Feeder Model #:	1731
	Feeder Size:	4.9 GPH
	Setting:	55 mL/min
	Speed:	0
	Stroke:	0
On-Site Observation		
	Fluoride Rating:	Satisfactory
	Comments:	
	Private Labs:	Kentucky America
	Other Water Treatment Systems Directly Connected:	Georgetown, Nicholasville, Judy, South Elkhorn, Midway, Versailles, Peaks Mill, East Clark County
	Other Water Treatment Systems Water Sold To:	Georgetown, Nicholasville, Judy, South Elkhorn, Midway, Versailles, Peaks Mill, East Clark County
	Other Water Treatment Systems Water Purchased From:	Gallatin County, Carroll County
	[BLANK]	
	Facility Entrance:	Yes
	Laboratory:	Yes
	Fluoride Tester:	Yes
	Fluoride Room:	Yes
	Ventilation:	Yes

	Fluoride Metering Pump Tag:	Yes
	Overall Fluoride System (Saturator, Bulk/Day Tank, Dry Hopper, Tablet):	Yes
	Injection Site:	Yes
	Scales (if applicable):	N/A
	Anti-Syphon Device (if applicable):	Yes
	Eye Wash/Deluge Shower Station (if applicable):	Yes
	[BLANK]	
	Split Rating:	Satisfactory
	Raw:	
	Saturator Sample:	n/a
	Insp:	0.88
	Plant:	0.91
	LAB:	0.80
	Comments:	Well Ran Facility In Compliance YTD
	[BLANK]	We appreciate all the work and effort this year in staying in compliance with the fluoride program.
		If any issues arise, please contact your water fluoridation specialist.

<input type="checkbox"/> Source water type/location	<input type="checkbox"/> Major unit processes (including baffling factors and volumes)
<input type="checkbox"/> Flow measurement locations	<input type="checkbox"/> Chemical injection locations
<input type="checkbox"/> Piping Flexibility (including # of raw and finished water mains)	<input type="checkbox"/> Waste handling

I. SOURCE

SOURCE				
SOURCE NAME	WATER WITHDRAWAL NUMBER	PERMITTED AMOUNT (MGD)	IS CAPACITY ADEQUATE?	ARE THERE WATER QUALITY ISSUES?
Kentucky River	200	63	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Jacobson Reservoir	201	16	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Upstream land uses (✓ all that apply): <input checked="" type="checkbox"/> Farmland <input type="checkbox"/> Industry <input type="checkbox"/> Logging <input type="checkbox"/> Mining <input type="checkbox"/> Oil and Gas <input checked="" type="checkbox"/> Recreation <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Other _____				
Upstream discharges within 5 miles (✓ all that apply): <input type="checkbox"/> Farmland <input type="checkbox"/> Industry <input type="checkbox"/> Logging <input type="checkbox"/> Mining <input type="checkbox"/> Oil and Gas <input checked="" type="checkbox"/> Recreation <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Water/Wastewater Discharge <input type="checkbox"/> Other _____				
Is there a source water protection plan in place? (Call ADD if no one at plant knows.)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are there any sources of Cryptosporidium in the watershed?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Describe the sources: <u>farming, animals</u>				
Is the system drought-vulnerable? (Has the system ever been on water conservation or dealt with a dwindling water source during warm weather?)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Does the system perform both source and finished water quality monitoring as required?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
What type of water quality monitoring is done on the source water (✓ all that apply): <input checked="" type="checkbox"/> Alkalinity <input checked="" type="checkbox"/> BacTs <input checked="" type="checkbox"/> Hardness <input checked="" type="checkbox"/> Iron <input checked="" type="checkbox"/> Manganese <input checked="" type="checkbox"/> pH <input checked="" type="checkbox"/> Temperature <input checked="" type="checkbox"/> Turbidity <input type="checkbox"/> None				
If multiple sources are available, is the one in use the "best" in terms of both water quality and quantity?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are there any factors that have limited the capacity of raw water source(s) within the last 10 years?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If the capacity of a raw source has been limited within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are there any unaddressed factors that have reduced the quality of raw water source(s) in the last 10 years?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If the quality of the raw water source(s) has been reduced within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any unaddressed factors that have limited the water available for purchase from contracted source(s) in the last 10 years?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If water available for purchase through contracted source(s) has been limited within the past 10 years, have the contributing factors already been successfully addressed? If not, explain: _____			Yes <input type="checkbox"/> No <input type="checkbox"/>	
COMMENTS: Source water quality monitoring also includes testing for chlorides and taste/ odor.				

INTAKE STRUCTURE							
LOCATION			TYPE	# of INLETS	SCREEN GRID SIZE	IS FLOODING A PROBLEM?	IS SILT BUILD-UP A PROBLEM?
ROAD/AREA	LATITUDE	LONGITUDE					
Kentucky River			Fixed	1	1/2"	NO	NO
Jacobson Reservoir			Fixed	1	1/2"	NO	NO

Number of raw water mains: <u>3</u> which are: PUMPED <input checked="" type="checkbox"/> or GRAVITY FED <input type="checkbox"/>	
Is raw water flow measured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, when was the meter last calibrated? <u>08/2020</u>	
List any chemicals fed at the source: <u>carbons</u>	
Is source is a reservoir, is it aerated?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
List depths of intake levels (normal pool): <u>14.5</u>	
Screens are: STATIONARY <input checked="" type="checkbox"/> or MECHANICAL <input type="checkbox"/>	
Is screen clogging a problem?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
How are screens cleaned? _____	
Are Zebra mussels a problem?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, list actions taken: _____	
How often are the submerged portions of the intake inspected? <u>as needed</u>	
When was the date of the last inspection? <u>new screens were installed in July 2019.</u>	
COMMENTS: No major concerns were noted at the time of the inspection. The facility was drawing water from the Kentucky River at the time of the inspection.	

II. TREATMENT/PUMPS

PRE-SEDIMENTATION			
N/A			
CAPACITY (gallons)	FLEXIBILITY TO BYPASS	CHEMICAL FEED CAPABILITY	LIST CHEMICALS FED
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are treatment chemicals fed at the inlet to the pre-sedimentation basin?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, is the chemical fed: ALL THE TIME <input type="checkbox"/> or INTERMITTENTLY <input type="checkbox"/> ?			
Is algae growth a problem?			Yes <input type="checkbox"/> No <input type="checkbox"/>
How often are the pre-sedimentation basin(s) cleaned? _____			
COMMENTS:			

AERATION		
N/A		
TYPE	CAPACITY (gallons)	REASON FOR AERATION
COMMENTS:		

RAPID MIX			
Inspected			
TYPE	NUMBER	VOLUME (gallons)	PHYSICAL CONDITION

Mechanical Mixer	2	7100/basin	Good
List chemicals in the order they are fed at the rapid mix: <u>polyaluminum chloride, sodium hypochlorite, NaMnO4,</u>			
Is adequate mixing of chemicals taking place?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there flow splits after the rapid mix?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If so, is the flow distribution even?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
COMMENTS: No major concerns were noted at the time of the inspection.			

FLOCCULATION BASINS				
Inspected				
TYPE	# of TRAINS / STAGES	VARIABLE SPEED DRIVE	VOLUME (gallons)	PHYSICAL CONDITION
Vertical Paddle	2 / Multiple	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	350,000	Good
	/	Yes <input type="checkbox"/> No <input type="checkbox"/>		
List any chemicals fed in the flocculation process: <u>cationic polymer and carbon if needed</u>				
What is the size and appearance of the floc? Size: <u>OK</u> & Appearance: <u>Fluffy</u>				
How often are flocculation basins cleaned? <u>once per year or when needed</u>				
Are the flocculation speeds tapered (decreased) through the flocculation stages?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are there flow splits after flocculation?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is flow distribution even?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
COMMENTS: No major concerns were noted at the time of the inspections.				

SEDIMENTATION BASINS					
Inspected					
TYPE	TRAINS / STAGES	VOLUME (gallons)	SQ. FT. AREA PER BASIN	% WITH TUBE SETTLERS	PHYSICAL CONDITION
Conventional/Package	4 / 1	750/000		0	Good
	/				
List any chemicals fed in the sedimentation process: _____					
What is the sedimentation turbidity goal? <u><2 NTU</u>					
Where is this sample taken? <u>at basin</u>					
What is the overflow rate of the basins? <u>0.5181</u> gpm/ft ²					
If system has an Actiflo process, what is the rise rate? _____					
How often are the basins cleaned? <u>1-2 times per quarter or as needed</u>					
How often is sludge removed from the basins? <u>continuous</u>					
Sludge removal is: MECHANICAL <input checked="" type="checkbox"/> or MANUAL <input type="checkbox"/>					
What was the sludge depth at the time of this inspection? _____					
What was the settled water turbidity at the time of this inspection? <u>0.41 NTU</u>					
Is there evidence of short-circuiting (flow or density currents)?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is baffling present in the basins?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

If yes, describe the baffling: _____
If multiple sedimentation basins, describe the piping from the basins to the filters: _____
Is there evidence of floc carryover to the filters? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
COMMENTS: No major concerns were noted at the time of the inspection.

FILTERS Total Number of Filters: 8 <i>Plant flow rate divided by total square footage of filters in service at the time of inspection.</i>							
TYPE	MEDIA TYPE	FILTER RATE (at insp.)	FILTER CONTROL	SURFACE WASH TYPE	FILTER TO WASTE	FILTER AREA	PHYSICAL CONDITION
Conventional	Dual Media	3.1 gpm/ft ²	Rate of Flow	Air Scour	Yes	496.6	Good
		gpm/ft ²					
List any chemicals fed in the filtration process: _____							
What is the filtered water turbidity goal? <u><0.1 NTU</u>							
Does this apply to the combined filter effluent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
To individual filter effluents? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
What criteria are used for filter backwash? <u>increase in turbidity, loss of head, 100 hour rule</u>							
What is the backwash rate in gallons per minute? <u>5000</u>							
Is filter backwash rate ramped up and down? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is backwash flow rate measured? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Are filters ever bumped? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Is air scouring used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
What was the combined filter effluent turbidity at time of inspection? <u>0.011 NTU</u>							
Are individual filters monitored for turbidity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Are the IFE turbidimeters calibrated per the manufacturer's instructions? (inspect documentation) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is this turbidity continuously recorded? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Can this data be retrieved in usable form from storage (tape or CDs)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is filter to waste (rewash) present? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Is it used? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Can turbidity be measured while filtering to waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Are flows adjusted on remaining in-service filters during a backwash? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
COMMENTS:							

MEMBRANE FILTRATION N/A	
What type of membrane filtration is used? <u>N/A</u>	
The membrane filtration process is PRESSURE <input type="checkbox"/> or VACUUM <input type="checkbox"/> driven.	
What is the designed membrane flux (flow per unit of membrane area)? _____	
Are pre-filters used ahead of the membranes? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Describe the direct integrity testing procedure. _____
Describe how membrane breaks are isolated and repaired. _____
How are the membranes “backwashed”? _____
What type of chemical cleaning is used? _____
How is this waste handled? _____
Have there been any operational or maintenance issues with the membranes? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain: _____
COMMENTS:

RESIDUALS HANDLING	
What percent of plant production is used for in-plant processes (backwash, chemical feed, sanitary)? <u>1-2%</u>	
How are spent backwash water and other liquid residuals handled? <u>Backwash is sent to holding tanks and allowed to settle. The supernatant is decanted to Lake Ellerslie and sludge is filter pressed and used as beneficial reuse on site.</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If applicable, is the spent backwash holding tank/lagoon volume adequate?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the plant discharge water from this tank/lagoon back to a body of water?	
Does the plant have a KPDES discharge permit? If so, what is the permit number? <u>KY0093301</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is the discharge meeting permit requirements?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is the discharge point upstream of the intake?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, how far upstream is the discharge point from the intake? _____	
Is spent backwash water recycled?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, is the spent backwash water recycled as a: “SLUG” <input type="checkbox"/> or as a CONSTANT FLOW <input type="checkbox"/> ?	
What percent of the flow is recycled? _____%	
Are chemical feed rates adjusted during recycling?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are raw water flows adjusted during recycling?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are all recordkeeping requirements of the <i>Filter Backwash Rule</i> being followed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How are solid residuals handled? _____	
COMMENTS: A wastewater compliance inspection will be performed at a later date.	

CHEMICAL FEED EQUIPMENT				
CHEMICAL NAME	PURPOSE	FEEDER TYPE	FEED POINT	NUMBER & CONDITION
Powdered Activated Carbon	Taste Odor	Peristaltic	Source	2 Good
Orthophosphate	Coagulation	Peristaltic	Pre-Flocculation	2 Good
Lime	pH Adjustment	Peristaltic	Clearwell	2 Good
Hydrofluosilicic Acid	Dental Health	Peristaltic	Clearwell	2 Good
Sodium Permanganate	Taste Odor	Peristaltic	Intake	2 Good
Polyaluminum Cl/SO4	Coagulation	Peristaltic	Quick/Flash Mix	2 Good
Polymer	Coagulation	Peristaltic	Quick/Flash Mix	2 Good

How are chemical feeders calibrated? <u>calibration cylinders</u>				
How often are chemical feeders calibrated? <u>with pumpage changes</u>				
Are chemical dosages calculated?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How often are dosages calculated? <u>continuous by SCADA system and 3 times per shift manually</u>				
Are chemicals NSF or United Laboratories certified and approved by DOW prior to use?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do the bulk liquid feed systems have day tanks?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there at least two feeders provided for essential processes (such as coagulation and disinfection)?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are spare parts available?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is there enough storage for at least a 30-day supply of chemicals used?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are there containment areas around the chemicals in case of spills or leaks?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are in-plant water supplies protected from backflow (cross connections)?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does a certified tester test backflow prevention devices?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes: What is the testing frequency? <u>yearly</u> Last Tested: <u>2020</u>				
COMMENTS: The facility is now using 1) sodium hypo for disinfection. 2) aqua ammonia, 3) caustic was replaced with liquid lime 4) carbon was moved from River Station #1 to the Jacobson Reservoir intake. 5) Sodium permanganate was moved from the reservoir to the River Station #1.				

GAS CHLORINE SAFETY		
N/A		
Is the chlorine room enclosed and separate from other operating areas?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a working exhaust fan in the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does it provide one complete air change per minute?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does it exhaust from floor level?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is intake air near the ceiling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there an external audible and visual alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are switches located outside the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are chlorine tanks secured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the scales operational?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is automatic switchover of chlorine cylinders provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a shatterproof viewing window in chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a crash bar on the door of the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the door open out and to the exterior of the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a SCBA unit meeting NIOSH standards outside the chlorine room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are personnel trained to use the SCBA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the "buddy system" practiced when changing or moving chlorine cylinders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is leak detection provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is ammonia available for chlorine leak detection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a chlorine tank repair kit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are personnel trained and certified to use the kits?

Yes ☐ No ☐**COMMENTS:****CHLORINE DIOXIDE SAFETY**

N/A

Many materials will catch fire and burn violently when in contact with chlorite.

Is sodium chlorite stored in a separate room?

Yes ☐ No ☐

Is sodium chlorite stored away from organic material?

Yes ☐ No ☐**COMMENTS:****GAS (ANHYDROUS) AMMONIA SAFETY**

N/A

Is the ammonia room enclosed and separate from other operating areas?

Yes ☐ No ☐

Is there a working exhaust fan in the ammonia room?

Yes ☐ No ☐

If there is a working exhaust fan, does it provide one complete air change per minute?

Yes ☐ No ☐

Does the exhaust fan exhaust from ceiling level?

Yes ☐ No ☐

Is intake air near the floor?

Yes ☐ No ☐

Are switches located outside the ammonia room?

Yes ☐ No ☐

Are ammonia tanks secured?

Yes ☐ No ☐

Is there a shatterproof viewing window in ammonia room?

Yes ☐ No ☐

Is there a crash bar on the door of the ammonia room?

Yes ☐ No ☐

Does the ammonia room door open out and to the exterior of the building?

Yes ☐ No ☐

Is there a SCBA unit meeting NIOSH standards outside the ammonia room?

Yes ☐ No ☐

Are personnel trained to use the SCBA?

Yes ☐ No ☐

Is leak detection provided?

Yes ☐ No ☐

If leak detection is provided, is there an external audible and visual alarm?

Yes ☐ No ☐

How are ammonia leaks detected? _____

COMMENTS:**DISINFECTION**

TYPE

APPLICATION POINT

REDUNDANCY AVAILABLE

FEEDER TYPE

Chlorine Liquid

Clearwell

Yes ☒ No ☐

Metering Pump

Yes ☐ No ☐Yes ☐ No ☐What is the means used to measure disinfectant chemical usage? volumeHow is the disinfectant residual monitored? on-line analyzers with chart recorders, SCADA, and lab analysis.

Is there an on-line, recording chlorine analyzer on the plant tap (for systems serving >3,300)?

Yes ☒ No ☐

Are C-Ts calculated daily?

Yes ☒ No ☐**COMMENTS:** The facility is now using liquid chlorine for disinfection purposes. Aqua Ammonia is used for a chloramine system.

CLEARWELLS			
VOLUME (gallons)	BAFFLING TYPE	DISINFECTANT RESIDUAL	
		TOTAL	FREE
200,000	none	3.7	
450,000	none	3.7	
List chemicals in the order in which they are fed into the clearwell: <u>aqua ammonia, liquid lime, and phosphate blend</u>			
If multiple clearwells, are they: <input checked="" type="checkbox"/> IN SERIES (one following the other) or <input type="checkbox"/> PARALLEL (side by side and not connected)			
Are hatches secured? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Are vents screened? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
How often are clear wells cleaned? <u>disinfected yearly</u>			
COMMENTS: No major concerns were noted at the time of the inspection.			

WATER PLANT PUMPS (Low service/raw water, high service/finished water and backwash)					
FLOW STREAM	LOCATION	NUMBER OF PUMPS	CAPACITY (gpm)	PUMP TYPE	FLOW CONTROL METHOD
Primary Raw Water	KY River	2	25,000	Centrifugal	Automatic
Primary Raw Water	#4 reservoir	3	14,355	Centrifugal	Automatic
Primary Raw Water	LS at plant	1	4166	Centrifugal	Automatic
Primary Raw Water	LS at plant	1	2800	Centrifugal	Automatic
Secondary Raw Source	basement of filter building	1	1000	Centrifugal	Automatic
Are documented maintenance and pumping records maintained for all distribution pumping stations? (minimum of pump run times, pump testing, maintenance log) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Do all pumping facilities have the ability to meet demand with one pump out of service during peak demand? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
COMMENTS: The following are additional finished water pumps located in the high service pump room and are all centrifugal with automatic flow control: 1) 1@ 2780 gpm, 2) 1 @6950 GPM 3) 1 @4520 gpm 4) 1@3850 gpm 5) 1@ 2800 gpm 6) 1@4862 gpm. No major concerns were noted at the time of the inspection.					

WATER PLANT ON-LINE INSTRUMENTATION			
TYPE	FLOW STREAM (Location)	MANUFACTURER	LAST CALIBRATION DATE
Streaming Current	Raw Water	HACH	6/2020
pH	Raw Water	HACH	6/2020
Turbidity	Individual Filter Effluent	Swan	6/2020
Turbidity	Combined Filter Effluent	SWAN	6/2020
Turbidity	Tap	SWAN	6/2020

Chlorine	Combined Filter Effluent	HACH	6/2020
pH	Tap	Peek	6/2020
Chlorine	Tap	HACH	6/2020

COMMENTS: A complete list of on-line instrumentation was provided during previous inspections. Calibrations are current. NO major concerns were noted at the time of the inspection.

LABORATORY (PLANT)			
PARAMETERS TESTED	FREQUENCY	EQUIPMENT USED	CALIBRATION METHOD
turbidity	continuous	HACH	calibration and chk standards
pH	continuous	HACH	calibration and check standards
Chlorine	continuous	HACH	calibration and check standards
ammonia	continuous	ASA analytical-chemscan	calibration and check standards
phosphate	continuous	ASA analytical- chemscan	calibration and check standards
hardness	1/day	titrator	
fluoride	1/day	HACH	
speciation	continuous	ASA analytical- chemscan	
UV 254	1/day	HACH	
Is laboratory space and lighting adequate?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are analyses conducted according to approved EPA methods?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the lab have SOPs for sample collection, analysis, and reporting?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are daily log sheets used to record day-to-day operations, testing, etc?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If daily log sheets are used, are they: ELECTRONIC (on the computer) <input checked="" type="checkbox"/> or HAND-WRITTEN <input checked="" type="checkbox"/>			
COMMENTS: The laboratory was clean and operational. Standards were observed to be current. Standards operating procedures have been written. Instrumentation is calibrated quarterly. records include calibration information, analytical information, and temperature logs.			

IN-PLANT SAMPLING (for example, top and bottom of filters)				
SITE	CHLORINE		pH	TURBIDITY
	FREE	TOTAL		
Raw			7.66	3
finished	3.22	on-line 3.20	7.27	0.013
CFE				0.011
settled				0.41

COMMENTS: No major concerns were noted at the time of the inspection.			

III. DISTRIBUTION SYSTEM/FINISHED WATER STORAGE

DISTRIBUTION SYSTEM		
Does the system have standard specifications for design and construction of the distribution system?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system prohibit new connections where pressure on the discharge side of the meter will be <30 psi?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the system able to meet minimum pressure requirements of DOW and/or other regulating authority?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented leak detection program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the distribution system have a sufficient number of valves to isolate portions of the system (for leak detection, maintenance, etc.)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If there are separate distribution system areas, are they interconnected with each other?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If they are not interconnected, how many separate areas are there? _____		
What prevents these systems from being interconnected? _____		
How many pressure zones are there? <u>8</u>		
What is the range of distribution pressures? <u>35-130</u>		
Do any distribution areas require reduced pressure valves?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
What piping materials are included in the distribution system? <u>AC, PVC, ductile iron and cast iron</u>		
Does the system have a program for flushing water mains?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Describe the process for sterilizing new mains/main breaks: <u>per regulations and AWWa standards</u>		
What types of on-line instrumentation are located at booster or pump stations and tanks? <u>chlorine</u>		
Does the system have a documented program for exercising distribution system valves?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented program for regular testing of water meters including raw water, distributed and customer?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there a water meter replacement program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are there main break/emergency notification procedures?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the system have a documented procedure for issuing a boil water advisory and a consumer advisory? The procedure shall identify when (how soon after the occurrence) and how the system shall notify the affected health department, to whom that notification shall be made both during and after normal business hours, and procedures for issuing the advisory to the public. The public notification shall include instructions for the public (including how to properly boil water) and an explanation of steps being taken to correct the problem.		
Describe how the decision is made to issue a Boil Water Advisory: <u>anytime contamination is suspected, when the pressure outside the break drops below 20 PSI, repair takine moroe then 8 hours to repair, loss of chlorine.</u>		
Does the system have a cross-connection control program?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If yes, is the cross-connection control program documented in writing?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If the cross-connection control program is not documented in writing, describe the process for finding and eliminating cross connections: _____		
Does a certified tester test the backflow prevention devices on a regular basis?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Has a calibrated hydraulic model been developed for the system?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
COMMENTS: No major concerns were noted during the inspection. Copies of the written procedures were provided for the following: during the previous inspection: new main disinfection procedures; line break / main repair disinfection procedures, and Boil Water Guidance form. Random line break, maintenance, and BWA paperwork was provided upon request during the inspection.		

DISTRIBUTION STORAGE FACILITIES

Inspected

LOCATION			VOLUME (gallons)	TANK TYPE	OVERFLOW		LAST CLEANED/ INSPECTED	TELEME -TRY	% TURNOVER (Per Day)
ROAD/AREA	LATITUDE	LONGITUDE			SCREEN/ FLAPPER	>10' FROM TANK			
Clays Mill	37.975591	-84.569705	6000000	Ground	YES	YES	2021	YES	>50
Mercer	38.075533	-84.525836	2000000	Elevated	YES	YES	2022	YES	>50
hume	38.057886	-84.430522	3000000	Ground	YES	YES	2021	YES	>50
brock	38.437040	-84.864185	300000	Elevated	YES	YES	2021	YES	>50
blue moon	38.525149	-84.814339	500000	Elevated	YES	YES	2021	YES	>50
ellis	38.548516	-84.836273	400000	Elevated	YES	YES	2022	YES	>50
wood lake	38.232543	-84.741404	3000000	Ground	YES	YES	2016	YES	>50

Are all storage tanks professionally inspected at least every 5 years (including interior, coating systems, & piping)? How often are tanks: INSPECTED every 7 years and CLEANED as needed?

Are all storage tanks and water plants equipped with hatches, covers, screens, vandal guards and locks and all tank sites fenced for security? Yes ☒ No ☐

Are all hatches, screens, and overflows on the storage tanks checked at least monthly? Yes ☒ No ☐

Is there corrosion protection in the tanks? Yes ☒ No ☐

COMMENTS: No major concerns were noted during the inspection. The tanks listed above were observed during the inspection. They were fenced and secure and were in good condition. A complete list of system tanks was provided during the inspection which included all the inspection and rehab dates. All of the system's tanks are observed within the three year sanitary survey cycle. A complete list of distribution pumps was provided during the inspection.

DISTRIBUTION BOOSTER PUMPS AND/OR BOOSTER DISINFECTION FACILITIES

Not Inspected

LOCATION			PUMP or DISINFECTION	NUMBER & CAPACITY OF PUMPS (gpm)	DISINFECTION TYPE	AUXILIARY POWER
ROAD/AREA	LATITUDE	LONGITUDE				
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		
				@		

DISTRIBUTION SAMPLING

(a minimum of N, S, E, W)

SITE	CHLORINE		pH	TURBIDITY	OTHER
	FREE	TOTAL			
EJ hays-DOW	3.3	4.0			
EJ hays-KAW	3.37	3.73			
Clays mill-DOW	2.7	2.9			on-line 2.58
Clays mill-KAW	2.54	2.71			
Mercer-DOW	2.8	3.2			on-line 2.86
Mercer- KAW	2.85	2.76			
HUme-DOW	2.8	3.2			on-line 2.26
Hume-KAW	2.75	2.82			
Woodlake-DOW	3.2	3.7			on-line 3.58
Woodlake-KAW	3.17	3.48			

Is the system maintaining the required chlorine (0.2 mg/l) / chloramine (0.5 mg/l) residuals in the distribution system? Yes ☒ No ☐

COMMENTS: No major concerns were noted at the time of the inspection. All results between DOW, Kentucky American Water, and the on-line instrumentation were comparable.

MAINTENANCE

Is plant housekeeping adequate?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is distribution storage housekeeping adequate?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are adequate supplies of spare parts kept on hand?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are needed tools available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If not, is preventive maintenance performed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a lock-out/tag-out system used for electrical repairs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What is the general condition of operating equipment? good

COMMENTS:

DOCUMENTATION

(✓ all that apply)

<input checked="" type="checkbox"/> Samples taken by DEP	<input type="checkbox"/> Photographs obtained by DEP
<input type="checkbox"/> Samples taken by outside source	<input checked="" type="checkbox"/> Copies of records obtained by DEP
<input checked="" type="checkbox"/> Instrument readings taken by DEP	<input type="checkbox"/> Other documentation

OVERALL TECHNICAL COMPLIANCE STATUS

- ☒ No Violations Observed
- ☐ No Violations Observed - Advisory Action Taken (Impending trends)
- ☐ Out of Compliance – Verbal notice given (Non-recurrent deficiency noted or violation corrected at time of inspection.)

INSPECTOR: Deborah Singleton	TITLE: Environmental Inspector	DATE: 6/19/2023
------------------------------	--------------------------------	-----------------



Andy Beshear
GOVERNOR

ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION

FRANKFORT REGIONAL OFFICE
300 SOWER BLVD
FRANKFORT, KY, 40601

Rebecca W. Goodman
SECRETARY

Anthony R. Hatton
COMMISSIONER

June 27, 2023

Kentucky American Water - Millersburg
304 E 4th St
Millersburg, Kentucky 40348

RE: Kentucky American Water - Millersburg
AI 296
Permit No.: KY0090287
Bourbon County, Kentucky
Activity ID: CIN20230001

To Whom It May Concern:

Attached for your information and records is a copy of the drinking water distribution only (DW NonComp-Purchaser) inspection conducted at the Kentucky American Water – Millersburg system on June 7, 2023.

If you have any questions or comments concerning this inspection, please contact the Frankfort Regional Office at: (502) 564-3358.

Sincerely,

Jarod Jones
Environmental Inspector
Frankfort Regional Office
Division of Water

**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Distribution Inspection**

Site/Permit ID: KY0090287	Division: Water	Regional Office: Frankfort
Site Name: Kentucky American Water-Millersburg	Program: Drinking Water	
Site Address: 304 E 4th street		
City: Millersburg	State: KY	Zip: 40348 County: Bourbon
Inspection Type: Routine Distribution	Purpose: Noncomprehensive	AI #: 296
Inspection Date: 6/7/23	Time: Start 1030 AM End 1200 PM	
Latitude: N 38 17' 54.7	Longitude: W84 8 50.3	
Coordinate Collection Method: GP0-With differential correction		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky American Water-Millersburg	Contact Name: Bob Money	
Phone No.: 859-268-6317	Fax No: cell: 859-797-7374	Email Address: Bob.Money@amwater.com

I. Administrative Requirements

Comments: [Not evaluated.](#)

I. Compliance Status - Not Evaluated

II. Operator Certification/Accreditation Requirements
--

Operator in Charge and on duty.

Operator Name	Plant Certification #	Distribution Certification #
Jon Wes Felts		IVD#18681

Comments: [Ky American maintains multiple certified operators.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: [Not evaluated.](#)

III. Compliance Status - Not Evaluated

IV. Reporting Requirements

Comments: **Reporting is conducted as required**

IV. Compliance Status - No violations observed

V. Operation & Maintenance/Performance Requirements

Plant Type: ☒ C ☐ N ☐ P Service Connections: 376 Population Served: 1011

Average Purchased MGD: 0.152 Max. Purchased MGD: 0.287 Contract Amount MGD:

Source: City of Paris Water Works Seller PWSID: KY0090343 Multiple Sellers ☐ Yes ☒ No

RATING CODES: S1 = No Violations Observed; S2= No Violations Observed-but impending viol trends obs;
U1 = Out of Compliance-No action taken; U2= Out of Compliance-LOW non-recurrent Adm. or O & M;
U3= Out of Compliance-NOV Issued; NA = Not Applicable; NE = Not Evaluated. **(Add additional comments if U1-U3.)**

SELLER INFORMATION	Seller # 1	Name City of Paris Water	PWSID# KY0090343 Contract Amount:
	Seller # 2	Name	PWSID# Contract Amount:
	Seller # 3	Name	PWSID# Contract Amount:
	Seller # 4	Name	PWSID# Contract Amount:
	Seller # 5	Name	PWSID# Contract Amount:
STORAGE TANK INFORMATION	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
	S1	a) Storage Tank 1 Size: 125,000	Screened Vent: <input checked="" type="checkbox"/> Overflow <input checked="" type="checkbox"/> Telemetry: <input checked="" type="checkbox"/>
		Name: Millersburg tank	Last Cleaned: Coating condition: Good
		b) Storage Tank 2 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
		c) Storage Tank 3 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
		d) Storage Tank 4 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
		e) Storage Tank 5 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
		f) Storage Tank 6 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
		g) Storage Tank 7 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
		h) Storage Tank 8 Size:	Screened Vent: <input type="checkbox"/> Overflow <input type="checkbox"/> Telemetry: <input type="checkbox"/>
		Name:	Last Cleaned: Coating condition:
GENERAL INFORMATION	NI	j) Master meter <input type="checkbox"/>	Last Calibrated: Recorder: <input type="checkbox"/>
	S1	k) Flushing Schedule	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No/ Frequency: as needed
	S1	l) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH Last calibrated annually
	S1	m) DPD reagent up-to-date	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	n) Blow-off / Hydrants on dead	<input type="checkbox"/> Yes <input type="checkbox"/> No
	S1	o) Monthly operating reports	<input checked="" type="checkbox"/> Daily Record Sheet <input type="checkbox"/> Agreement: <input type="checkbox"/>
	S1	p) Bacteriological monitoring	Samples per mo. 4 Records: <input type="checkbox"/>
BOOSTER PUMPS	S1	q) <input type="checkbox"/> Booster pumps <input checked="" type="checkbox"/> Disinfection	Capacity Disinfection Type: NA hypochlorite
	NA	r) <input type="checkbox"/> Booster pumps <input type="checkbox"/> Disinfection	Capacity Disinfection Type:
	NA	s) <input type="checkbox"/> Booster pumps <input type="checkbox"/> Disinfection	Capacity Disinfection Type:
ON SITE OBSERVATIONS	S1	t) Site Data: South - near tank	Cl. Free: Total: pH:
	S1	u) Site Data: East - 6th st.	Cl. Free: Total: pH:
	S1	v) Site Data: West - Marathon	Cl. Free: Total: pH:
	S1	w) Site Data: North - Oak Ave.	Cl. Free: Total: pH:

OTHER INFORMATION	S1	x) Cross connection program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	y) Water meter replacement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	z) Valve exercise program	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	aa) Is unaccounted for water	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes what is % loss?
	S1	bb) Up to date distribution map	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Comments: No issues observed during the inspection. All components inspected were clean and well maintained. The older water storage tank on the opposite end of town was in the beginning stages of being renovated with intent to return to service.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance

Comments: Not applicable.

VI. Compliance Status - Not Applicable

VII. Monitoring/Analyses Evaluation

Comments: Not evaluated.

VII. Compliance Status - Not Evaluated

VIII. Environmental /Health Impact

Work Site Hazard Assessment: ☒ ATTACHED ☐ REVIEWED

Comments: No major concerns were noted at the time of the inspection.

VIII. Compliance Status – No violations observed

IX. Documentation


- ☐ Samples taken by DEP
- ☐ Samples taken by outside source
- ☒ Instrument readings taken by DEP regional office
- ☐ Photographs obtained by DEP
- ☐ Copies of records obtained by DEP
- ☐ Other documentation

Inspector: Jarod Jones

Title: Environmental Inspector III

Date: 06/21/23

6/27/2023

**Signature:** Signed by: Jarod Jones**Overall Compliance Status**

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | No violations observed |
| <input type="checkbox"/> | No violations observed, but impending violation trends observed |
| <input type="checkbox"/> | Out of Compliance- No action taken |
| <input type="checkbox"/> | Out of Compliance- LOW Non-recurrent administrative or O & M |
| <input type="checkbox"/> | Out of Compliance – NOV |

Comments: No significant compliance issues noted during the inspection.Delivery Method: [E-mail](#)

Cert. Mail #:

Inspection Report

GenTrack Item # 225

Section	Field Name	Response
Facility		
	Region:	Northern
	PWS ID:	0340250A
	Category:	Plants
	Facility Name:	KENTUCKY AMERICAN WATER CO. A
	Status:	Active
	GPS Location:	
	Physical Address:	6300 Cedar Creek Lane (plant)
	Mailing Address:	2300 Richmond Road (mail)
	City:	LEXINGTON
	State:	KY
	Zip Code:	40515
	Phone:	859-268-6317
	Plant Email:	bob.money@amwater.com
	County:	Fayette
	Fluoridation:	Yes
	Contact First Name:	Bob
	Contact Last Name:	Money
	Contact Address 1:	
	Contact Address 2:	
	Contact Phone Number:	859-268-6317
	Contact Email:	

GenTrack Item # 225 - 8

Section	Field Name	Response
General		
	Inspection Date:	06/16/2023
	Inspector:	Lucas Bentley
	Inspector Information:	275 east Main Street Frankfort KY 40621 Office Phone: 502-564-3246 Home Phone: Lucas.Bentley@ky.gov Active
	Operator On Duty First Name:	Bob

	Operator On Duty Last Name:	Money
	Contact Address 1:	
	Contact Address 2:	
	Contact Phone:	859-268-6317
	Certification Number:	25173
	Water Plant Operator Certification Level:	IVA
	Facility Classification Level:	IVA
	[BLANK]	If the Water Plant Operator on Duty is not certified or does not have a certification equal to
		or higher than the Facility Classification, include the name and certification number of the
		operator responsible for the facility instead.
	Water Source:	Surface Water
	Fluoridation Type:	Acid
	Service Connections:	116000
	Populations Served:	312040.00
	AVG Production:	30 MGD
	Flow Rate (Influent)(GPM):	20,833 GPM
	Master Meter (Raw):	Satisfactory
	Design Capacity:	54 MGPD
	PWSI Number:	0340250a
	GPS Coordinates:	37.903847, -84.378059
	Comments:	

Chemical Treatment

	Activated Carbon (Activated Charcoal):	No
	Aluminum Chloride:	No
	Aluminum Chlorohydrate:	No
	Aluminum Potassium:	No
	Aluminum Sulfate (Alum):	No
	Amonia:	Yes
	Calcium Hydroxide (Hydrated Lime):	No
	Calcium Oxide (Quick Lime):	No
	Carbon Dioxide:	No
	Charcoal:	No
	Chlorine (gas):	Yes

	Chlorine (liquid):	No
	Chlorine Dioxide:	No
	Copper Sulfate:	No
	Ferric Chloride:	Yes
	Ferric Sulfate:	No
	Hydrofluorosilicic Acid (HFS):	Yes
	Hydrochloric Acid:	No
	Hydrochlorites:	No
	Hydrogen Peroxide:	No
	Hydroxide Ammonium:	No
	Phosphate:	No
	Polyaluminum Chloride (PAC):	No
	Polyelectrolytes:	No
	Polyphosphates:	No
	Potassium Hydroxide (Caustic Potash):	No
	Potassium Permanganate:	Yes
	Silica:	No
	Sodium Aluminate:	No
	Sodium Bicarbonate (Baking Soda):	No
	Sodium Carbonate (Soda Ash):	No
	Sodium Chloride (Salt):	Yes
	Sodium Fluoride:	No
	Sodium Fluorosilicate:	No
	Sodium Hydroxide (Caustic Soda):	No
	Sodium Hypochlorite:	No
	Sodium Permanganate:	No
	Sodium Thiosulfite:	No
	Sulfur Dioxide:	No
	Sulfuric Acid:	No
	Ultraviolet:	No
	Others:	POLYMER, ORTHOPHOSPHATE,
Fluoride System		
	Saturator System:	Not Applicable

	Saturator Cleanout Date (recommended annually or as needed):	
	Saturator Feed Line Flow Meter	N/A
	Saturator Flow Rate	n/a
	Feed Water Hardness (ppm as calcium carbonate)"	n/a
	[BLANK]	
	Saturator Instructions:	..
	Comments:	
	Dry System:	Not Applicable
	Dry Hopper Scale Mounted	N/A
	Comments:	
	Tablet System:	Not Applicable
	Tablet System Flow Rate:	n/a
	Comments:	
	Hydrofluorosilicic Acid (HFS) System:	Satisfactory
	Hydrofluorosilicic Acid (HFS) Bulk Tank Size (gallons):	8200
	HFS Day Tank Size (dimensions in inches):	.
	HFS Day Tank Size (gallons):	300
	HFS Day Tank Limitations:	.
	HFS Day Tank Loss of Suction Point (lbs if scale used and inches if volumetric loss used):	.
	HFS Day/Bulk Tank Vented to the Outside Atmosphere:	Satisfactory
	Transfer Pump:	Yes
	Liquid Level Limit Switch:	Satisfactory
	HFS Usage Table:	Yes
	Comments:	
	[BLANK]	
		Ensure only a maximum 30-hour supply of (HFS) is kept in the day tank to prevent exceeding the MCL

Plant Safety Equipment

	Syphon Breakers Rating:	Satisfactory
	Comments:	
	Ventilation Rating:	Satisfactory
	Forced Ventilation Switch Location:	
	Comments:	
	Chemical Storage Rating:	Satisfactory
	Comments:	
	Method Of Measurement:	Scales
	Method of Measurement Rating:	Satisfactory
	Comments:	ULTRA SONIC
	Secondary Containment:	Satisfactory
	Comments:	

Operator Safety Equipment

	Respirator Available:	Yes
	Comments:	
	Face Shield/Safety Glasses Available:	Yes
	Comments:	
	Gloves Available:	Yes
	Comments:	
	Apron/Coat Available:	Yes
	Comments:	
	Eye Wash Station/Deluge Shower:	Satisfactory
	Eye Wash Station/Deluge Shower Maintenance Check (recommended monthly):	Satisfactory
	Comments:	
	Safety Data Sheets (SDS) On-Hand	Yes

Laboratory and Records

	Tester Brands:	CH EZ-CHECK
	Fluoride Tester Instruction Manual On-Hand	Yes
	Fluoride Tester Calibration Frequency	daily
	Tester Brand Rating:	Satisfactory

	Comments:	
	Adequate Reagent Supply:	Satisfactory
	Comments:	
	Reagent Up-To-Date (Include either the expiration date or the Lot number in the comments):	Satisfactory
	Comments:	
	Monthly Operating Reports:	Satisfactory
	Last Month AVG-Daily Usage in Pounds:	983.1
	Last Month AVG Daily Pre-Population Results:	4.1
	Last Month AVG Tap Reading:	0.99
	Last Month AVG Raw Reading:	0.09
	Comments:	
	505 Reporting:	Satisfactory
	505 Sample Locations (First Plant/Second Distribution):	Satisfactory
	505 Dates:	Satisfactory
	[BLANK]	The first sample shall be collected from the plant tap during the first week of the month.
		The second sample collected at a point of maximum retention, during the third week of the month
	In Compliance Year to Date:	Yes
	CDC Quality Award Received Two Years Previously	Yes
	Housekeeping:	Satisfactory
	Comments:	
Distribution		
	Point Of Injection:	Satisfactory
	Injection Site:	prior to clearwell
	Comments:	
	Chemical Feeder:	Satisfactory
	Comments:	Day Tank - 280g max Bulk Tank - 8200 max
	Feeder's Brand:	Jesco
	Peristaltic Pump Tube Size	.

	Feeder Model #:	.
	Feeder Size:	.
	Setting:	.
	Speed:	0
	Stroke:	0
On-Site Observation		
	Fluoride Rating:	Satisfactory
	Comments:	PLANT IN COMPLIANCE ALL YEAR. SAMPLES SENT IN ON TIME. WELL RUN PLANT. VERY PROFESSIONAL PLANT.
	Private Labs:	State Lab
	Other Water Treatment Systems Directly Connected:	.
	Other Water Treatment Systems Water Sold To:	.
	Other Water Treatment Systems Water Purchased From:	.
	[BLANK]	
	Facility Entrance:	Yes
	Laboratory:	Yes
	Fluoride Tester:	Yes
	Fluoride Room:	Yes
	Ventilation:	Yes
	Fluoride Metering Pump Tag:	Yes
	Overall Fluoride System (Saturator, Bulk/Day Tank, Dry Hopper, Tablet):	Yes
	Injection Site:	Yes
	Scales (if applicable):	Yes
	Anti-Syphon Device (if applicable):	Yes
	Eye Wash/Deluge Shower Station (if applicable):	Yes
	[BLANK]	
	Split Rating:	Satisfactory
	Raw:	
	Saturator Sample:	.
	Insp:	1.12

	Plant:	0.97
	LAB:	0.86
	Comments:	Need to call Bob Money to schedule inspection
	[BLANK]	We appreciate all the work and effort this year in staying in compliance with the fluoride program.
		If any issues arise, please contact your water fluoridation specialist.

A

PWIS ID		Trans Code		Local Analysis:		097	
0	3	0	3	Collected by:		Juss Basting 116	
1-7		8-9		Analysis Results		Analysis	
Content ID		Analysis Method		Dec.		Mo.	
1	025	1	07	008	6	2	06
10-13		14-16		17-20		21	
Location Code		Sample Date		Sample Time (ACT)		Lab ID	
001	001	Mo.	Day	Yr.	Type	Time (ACT)	Lab ID
001	001	06	16	23	0	1030	00033
20-30		31-36		37		38-41	
Name of Supply:		Name of Supply:		Sample Type Key		Sample Type Key	
K1 American Water		A		C - Check		D - Distribution	
Address: 9300 Cedar Creek Lane		County: Fayette		P - Plant		R - Raw	
City: Lexington		Key: 490515		Phone:		S - Special	
Date Received:		Lab No.		Analysis		Collected for Health and Family Services	
6/16/23		236122777		H01		LAB 505 (Rev. 8/97)	

Inspection Report

GenTrack Item # 226

Section	Field Name	Response
Facility		
	Region:	Northern
	PWS ID:	0340250B
	Category:	Plants
	Facility Name:	KENTUCKY AMERICAN WATER CO. B
	Status:	Active
	GPS Location:	
	Physical Address:	2300 RICHMOND RD
	Mailing Address:	
	City:	LEXINGTON
	State:	KY
	Zip Code:	40505
	Phone:	859 268-6317
	Plant Email:	bob.money@amwater.com
	County:	Fayette
	Fluoridation:	Yes
	Contact First Name:	Bob
	Contact Last Name:	Money
	Contact Address 1:	
	Contact Address 2:	Op on Duty Cell
	Contact Phone Number:	859-537-0743
	Contact Email:	

GenTrack Item # 226 - 9

Section	Field Name	Response
General		
	Inspection Date:	06/16/2023
	Inspector:	Lucas Bentley
	Inspector Information:	275 east Main Street Frankfort KY 40621 Office Phone: 502-564-3246 Home Phone: Lucas.Bentley@ky.gov Active
	Operator On Duty First Name:	Bob

	Operator On Duty Last Name:	Money
	Contact Address 1:	
	Contact Address 2:	
	Contact Phone:	859 268-6348
	Certification Number:	.
	Water Plant Operator Certification Level:	IVA
	Facility Classification Level:	IVA
	[BLANK]	If the Water Plant Operator on Duty is not certified or does not have a certification equal to
		or higher than the Facility Classification, include the name and certification number of the
		operator responsible for the facility instead.
	Water Source:	Surface Water
	Fluoridation Type:	Acid
	Service Connections:	130000
	Populations Served:	349700.00
	AVG Production:	12 MGPD
	Flow Rate (Influent)(GPM):	8333 GPM
	Master Meter (Raw):	Satisfactory
	Design Capacity:	40 MGPD
	PWSI Number:	0340250b
	GPS Coordinates:	37.904274 -84.377505
	Comments:	25 MGD is what we had, Switched to match DOW ASK

Chemical Treatment

	Activated Carbon (Activated Charcoal):	Yes
	Aluminum Chloride:	No
	Aluminum Chlorohydrate:	No
	Aluminum Potassium:	No
	Aluminum Sulfate (Alum):	No
	Amonia:	Yes
	Calcium Hydroxide (Hydrated Lime):	No
	Calcium Oxide (Quick Lime):	No
	Carbon Dioxide:	No
	Charcoal:	No
	Chlorine (gas):	Yes

	Chlorine (liquid):	No
	Chlorine Dioxide:	No
	Copper Sulfate:	Yes
	Ferric Chloride:	No
	Ferric Sulfate:	No
	Hydrofluorosilicic Acid (HFS):	Yes
	Hydrochloric Acid:	No
	Hydrochlorites:	No
	Hydrogen Peroxide:	No
	Hydroxide Ammonium:	No
	Phosphate:	No
	Polyaluminum Chloride (PAC):	No
	Polyelectrolytes:	No
	Polyphosphates:	No
	Potassium Hydroxide (Caustic Potash):	No
	Potassium Permanganate:	Yes
	Silica:	No
	Sodium Aluminate:	No
	Sodium Bicarbonate (Baking Soda):	No
	Sodium Carbonate (Soda Ash):	No
	Sodium Chloride (Salt):	Yes
	Sodium Fluoride:	No
	Sodium Fluorosilicate:	No
	Sodium Hydroxide (Caustic Soda):	No
	Sodium Hypochlorite:	No
	Sodium Permanganate:	No
	Sodium Thiosulfite:	No
	Sulfur Dioxide:	No
	Sulfuric Acid:	No
	Ultraviolet:	No
	Others:	POLYMER, ORTHOPHOSHATE.
Fluoride System		
	Saturator System:	Not Applicable

	Saturator Cleanout Date (recommended annually or as needed):	
	Saturator Feed Line Flow Meter	N/A
	Saturator Flow Rate	n/a
	Feed Water Hardness (ppm as calcium carbonate)"	n/a
	[BLANK]	
	Saturator Instructions:	<p>*If issues arise with the saturator, please contact your water fluoridation specialist and check the following:</p> <ul style="list-style-type: none"> • Saturated solution of the chemical should be approximately 18,000 ppm and can be verified through either your private lab or the state lab. Be sure to let the lab know that this is a saturated sample by writing the information on the Lab 505 form in red ink and putting "Saturator Sample" at the top of the form. If the results are below 18,000 ppm, saturation of the chemical is not occurring, and the following items need to be checked. <p>If the saturator has not been cleaned out within the last year, a thorough breakdown and cleanout of the saturator and all parts is recommended. Special attention should be given to the complete cleanout of the spider and all connections in the saturator. The flow rate of the feed water flowing through the saturator should not exceed 2 GPM.</p> <p>The hardness of the feed water of the saturator should not exceed 75 ppm as calcium carbonate. If it does, installation of a water softener is recommended.</p> <ul style="list-style-type: none"> • If the results are approximately 18,000 ppm, a drawdown of the metering pump should be conducted to verify proper operation. Contact your water fluoridation specialist to identify the proper dose rate of the metering pump.
	Comments:	
	Dry System:	Not Applicable
	Dry Hopper Scale Mounted	N/A
	Comments:	
	Tablet System:	Not Applicable
	Tablet System Flow Rate:	n/a
	Comments:	
	Hydrofluorosilicic Acid (HFS) System:	Satisfactory
	Hydrofluorosilicic Acid (HFS) Bulk Tank Size (gallons):	.
	HFS Day Tank Size (dimensions in inches):	.
	HFS Day Tank Size (gallons):	.
	HFS Day Tank Limitations:	.

	HFS Day Tank Loss of Suction Point (lbs if scale used and inches if volumetric loss used):	.
	HFS Day/Bulk Tank Vented to the Outside Atmosphere:	Satisfactory
	Transfer Pump:	Yes
	Liquid Level Limit Switch:	Satisfactory
	HFS Usage Table:	Yes
	Comments:	
	[BLANK]	
		Ensure only a maximum 30-hour supply of (HFS) is kept in the day tank to prevent exceeding the MCL

Plant Safety Equipment

	Syphon Breakers Rating:	Satisfactory
	Comments:	
	Ventilation Rating:	Satisfactory
	Forced Ventilation Switch Location:	
	Comments:	
	Chemical Storage Rating:	Satisfactory
	Comments:	
	Method Of Measurement:	Scales
	Method of Measurement Rating:	Satisfactory
	Comments:	ULTRA SONIC
	Secondary Containment:	Satisfactory
	Comments:	

Operator Safety Equipment

	Respirator Available:	Yes
	Comments:	
	Face Shield/Safety Glasses Available:	Yes
	Comments:	
	Gloves Available:	Yes
	Comments:	
	Apron/Coat Available:	Yes
	Comments:	
	Eye Wash Station/Deluge Shower:	Satisfactory

	Eye Wash Station/Deluge Shower Maintenance Check (recommended monthly):	Satisfactory
	Comments:	
	Safety Data Sheets (SDS) On-Hand	Yes
Laboratory and Records		
	Tester Brands:	CH EZ-CHECK
	Fluoride Tester Instruction Manual On-Hand	Yes
	Fluoride Tester Calibration Frequency	daily
	Tester Brand Rating:	Satisfactory
	Comments:	
	Adequate Reagent Supply:	Satisfactory
	Comments:	
	Reagent Up-To-Date (Include either the expiration date or the Lot number in the comments):	Satisfactory
	Comments:	
	Monthly Operating Reports:	Satisfactory
	Last Month AVG-Daily Usage in Pounds:	294.6
	Last Month AVG Daily Pre-Population Results:	4.1
	Last Month AVG Tap Reading:	0.94
	Last Month AVG Raw Reading:	0.22
	Comments:	
	505 Reporting:	Satisfactory
	505 Sample Locations (First Plant/Second Distribution):	Satisfactory
	505 Dates:	Satisfactory
	[BLANK]	The first sample shall be collected from the plant tap during the first week of the month.
		The second sample collected at a point of maximum retention, during the third week of the month
	In Compliance Year to Date:	Yes

	CDC Quality Award Received Two Years Previously	Yes
	Housekeeping:	Satisfactory
	Comments:	
Distribution		
	Point Of Injection:	Satisfactory
	Injection Site:	post-filtration
	Comments:	
	Chemical Feeder:	Satisfactory
	Comments:	Setting: 1.03 GPH
	Feeder's Brand:	Vacon
	Peristaltic Pump Tube Size	.
	Feeder Model #:	.
	Feeder Size:	6.1 GPH
	Setting:	.
	Speed:	0
	Stroke:	0
On-Site Observation		
	Fluoride Rating:	Satisfactory
	Comments:	PLANT IN COMPLIANCE ALL YEAR. SAMPLES SENT IN ON TIME. WELL RUN PLANT. VERY PROFESSIONAL PLANT.
	Private Labs:	Kentucky America
	Other Water Treatment Systems Directly Connected:	.
	Other Water Treatment Systems Water Sold To:	.
	Other Water Treatment Systems Water Purchased From:	.
	[BLANK]	
	Facility Entrance:	No
	Laboratory:	No
	Fluoride Tester:	No
	Fluoride Room:	No
	Ventilation:	No
	Fluoride Metering Pump Tag:	No

	Overall Fluoride System (Saturator, Bulk/Day Tank, Dry Hopper, Tablet):	No
	Injection Site:	No
	Scales (if applicable):	No
	Anti-Syphon Device (if applicable):	No
	Eye Wash/Deluge Shower Station (if applicable):	No
	[BLANK]	
	Split Rating:	Satisfactory
	Raw:	
	Saturator Sample:	.
	Insp:	1.10
	Plant:	1.15
	LAB:	0.94
	Comments:	Serve as their own certified lab Need to call Bob Money to schedule inspection
	[BLANK]	We appreciate all the work and effort this year in staying in compliance with the fluoride program.
		If any issues arise, please contact your water fluoridation specialist.

FLUORIDE ANALYSIS REPORT

PWVS ID										Trans Code		Local Analysis:			
03410250										03		115			
1-7										8-9		Collected by: Lucas Bentley 1/10			
Contam. ID		Analysis Method		Sample Date		Analysis Results		Dec.		Mo.		Day		Yr.	
1025		107		1-16		094		2		06		22		23	
Location Code		Mo.		Day		Yr.		Type		Sample Time (MM)		Lab ID			
001		06		16		23		P		0942		0003		33	
20-30		31-40		41-50		51-60		61-70		71-80		81-90		91-100	
Name of Supply: KY American Water B														Sample Type Key	
Address: 2700 Richmond Rd														C - Check	
City: Lexington														D - Distribution	
State: KY														P - Plant	
Zip: 40505														R - Raw	
Phone: 606-271-1142														S - Special	
Date Received: 11/4/23				Lab No: 23062222761				Analyst: HJ				Calibration for Health and Family Services LAB 505 (Rev. 8/97)			

**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Surface Inspection**

Site/Permit ID: KY0340250	Division: Water	Regional Office: Frankfort
Site Name: Kentucky American Water Plant C	Program: Drinking Water	
Site Address: 16035 hwy 127 south		
City: Owenton	State: KY	Zip: 40359 County: Owen
Inspection Type: Routine Surface	Purpose: Noncomprehensive	AI #: 1063
Inspection Date: 10/31/23	Time: Start 10:00 AM End 13:00 PM	
Latitude:	Longitude:	
Coordinate Collection Method: G40-Handheld receiver		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky River station #2	Contact Name: Robert Money	
Phone No.: 859-335-3660	Fax No: 859-335-3388	Email Address: bob.money@amwater.com

I. Administrative Requirements

Comments: [Not evaluated.](#)

I. Compliance Status - Not Evaluated

II. Operator Certification/Accreditation Requirements
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Operator in Charge or on duty.

Operator Name	Plant Certification #	Distribution Certification #
Scott Huddleston	IVA#21329	
Justin Sensabaugh		IVD#20165

Comments: [A complete list of operators is on file with the DOW. No concerns noted.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: [Not evaluated.](#)

III. Compliance Status - Not Evaluated

IV. Reporting Requirements

Comments: **The facility provides timely reports to the Division of Water as required.**

IV. Compliance Status - No violations observed

V. Operation & Maintenance/Performance Requirements

Plant Type: ☒ C ☐ N ☐ P Service Connections: Population Served:
 Average Production MGD: 7.61 Max. Production MGD: 10.38 Design Capacity MGD: 20.0 MGD
 Source: Kentucky River pool #3

RATING CODES: S1=No Violations Observed; S2=No Violations Obs-but impending viol trends obs; U1=Out of Compliance-No action taken; U2= Out of Comp-LOW non-recurrent Adm. or O & M; U3= Out of Compliance-NOV; NA = Not Applicable; NE = Not Evaluated. (Add additional comments if U1-U3.)

	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
CHEMICAL & PHYSICAL TREATMENT	S1	a) Intakes, pumps, piping <input checked="" type="checkbox"/>	# Of Levels:3 # Pumps:4 Max pump.
	NA	b) Aeration <input type="checkbox"/>	
	S1	c) Rapid mix <input checked="" type="checkbox"/>	Type: Mechanical paddle If other: mechanical mixer
	S1	d) Flocculation <input checked="" type="checkbox"/>	# of Stages:4 # of Trains Variable Speed
	S1	e) Sedimentation <input checked="" type="checkbox"/>	Type: Conventional # of trains:4
	NI	f) Chemical feed coagulation	
	NI	g) Carbon Feed: <input type="checkbox"/>	Feed Site1: Feed Site 2:
	S1	h) Filters & controls	Mixed Media Filter to Waste <input checked="" type="checkbox"/>
	S1	i) Filters / size sq.ft each./ rate	# 5 Size702 Filtration Rate:5
	S1	j) Automatic analyzers:	Chlorine: <input checked="" type="checkbox"/> Turbidity: <input checked="" type="checkbox"/> Each filter: <input checked="" type="checkbox"/> pH: <input checked="" type="checkbox"/>
	NI	k) Chemical storage:	Dry on pallets? <input type="checkbox"/> Chemical containment: <input type="checkbox"/>
	NI	l) Clearwell / screened vents	Size: Baffling: <input type="checkbox"/> Locked <input type="checkbox"/> Screened <input type="checkbox"/>
	NI	m) Pumps # and size in gpm	High Service @ Backwash @
SITE DATA	S1	n) Site Data: ellis tank	Cl. Free:DOW Total: 2.5 pH: KAWC :1.81
	S1	o) Site Data: office/ workshop	Cl. Free:KAWC Total: 2.38 pH:
	S1	p) Site Data: Brock	Cl. Free:DOW Total: 2.6 pH: KAWC 2.06
	NA	q) Site Data:	Cl. Free: Total: pH:
DISINFECTION	NI	r) Disinfection Pre: <input type="checkbox"/> Post: <input type="checkbox"/>	Pre Type: Post type:
	NI	s) Automatic chlorinator <input type="checkbox"/>	Automatic changeover <input type="checkbox"/> Proper Fan <input type="checkbox"/>
	NI	t) Separate room & ventilation	Crash Bar <input type="checkbox"/> Alarm <input type="checkbox"/>
	NI	u) Safety equipment	SCBA <input type="checkbox"/> Ammonia <input type="checkbox"/> Detector <input type="checkbox"/>
LABORATORY & RECORDS	S1	v) Laboratory equipment	Adequate Space <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Lighting : <input checked="" type="checkbox"/>
	S1	(1) Turbidimeter <input checked="" type="checkbox"/>	Type: HACH Last calibrated: 2/20232/2022
	S1	(2) Adequate reagent supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	(3) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH DPD reagent up-to-date: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	NI	w) Monthly operating reports	<input type="checkbox"/> Daily Record Sheet <input type="checkbox"/> Agreement: <input type="checkbox"/>
	S1	x) Housekeeping	good
DISTRIBUTION	NI	y) Master meter ; Recorder	Raw: <input type="checkbox"/> Finished: <input type="checkbox"/> ; Raw: <input type="checkbox"/> Finished: <input type="checkbox"/>
	NI	z) Blowoffs / hydrants; flushing	Flushing Schedule: <input type="checkbox"/> Blowoffs on deadends: <input type="checkbox"/>
	S1	aa) Water storage:	# of Tanks Total Storage:
	NI	bb) Booster pumps / chlorinators	Booster pumps: <input type="checkbox"/> Booster chlorinators: <input type="checkbox"/>
PLANT ON SITE OBSERVATION	S1	cc) Plant Data:	Cl free: 0.56 total: 4.8 pH: 7.2
	S1	dd) Turbidity	Raw:21 Settled:0.11 Combined Filter:0.03
	NI	ee) Bacteriological monitoring	Samples per mo. Records: <input type="checkbox"/>
	NI	ff) No cross-connections observed	None observed: <input type="checkbox"/> Observed: <input type="checkbox"/> Program: <input type="checkbox"/>

	NI	gg) Wastewater discharge	KPDES Is sizing adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO
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Comments: A Division of Water Non-Comprehensive inspection was conducted on October 31, 2023. No major concerns were noted during the inspection. The basins are cleaned monthly. The laboratory was satisfactory. Instrumentation was last calibrated by Morsten Technical Services on in February 2023. Standards were observed to be current. Standard Operating Procedures have been developed.

The Ellis, Wheatly, and Brock tanks were observed during the inspection. All three tanks were fenced and secure. Distribution system chlorine readings were acceptable and comparable between the DOW, KAWC, and on-line instrumentation readings.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance

Comments: Not inspected.

VI. Compliance Status - Not Evaluated

VII. Monitoring/Analyses Evaluation

Comments: Not evaluated.

VII. Compliance Status - Not Evaluated

VIII. Environmental /Health Impact

Work Site Hazard Assessment : ☒ ATTACHED ☐ REVIEWED

Comments:

VIII. Compliance Status – No violations observed

IX. Documentation

- ☒ Samples taken by DEP
- ☐ Samples taken by outside source
- ☐ Instrument readings taken by DEP regional office
- ☐ Photographs obtained by DEP
- ☒ Copies of records obtained by DEP
- ☐ Other documentation

Inspector: Deborah Singleton	Title: Environmental Inspector III	Date: 11/15/2023
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Signature:

Deborah E. Singleton

Overall Compliance Status

- ☒ No violations observed
- ☐ No violations observed, but impending violation trends observed
- ☐ Out of Compliance- No action taken
- ☐ Out of Compliance LOW non-recurrent administrative or O & M
- ☐ Out of Compliance - NOV

Comments:

Delivery Method: [Regular Mail](#)

Cert. Mail #:

**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Surface Inspection**

Site/Permit ID: KY0340250	Division: Water	Regional Office: Frankfort
Site Name: Kentucky Americal Water- Plant A	Program: Drinking Water	
Site Address: 6300 Cedar Creek Road		
City: Lexington	State: KY	Zip: 40515 County: Fayette
Inspection Type: Routine Surface	Purpose: Noncomprehensive	AI #: 1063
Inspection Date: 6/21/24	Time: Start 09:00 AM End 10:30 AM	
Latitude: 37 54' 16"	Longitude: 84 22' 42"	
Coordinate Collection Method: G40-Handheld receiver		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky American Water- Plant A	Contact Name: Robert Money	
Phone No.: 858-335-3660	Fax No: 859-335-3388	Email Address: bob.money@amwater.com

I. Administrative Requirements

Comments: [The facility has not received any enforcement actions since the previous inspection.](#)

I. Compliance Status - No violations observed

II. Operator Certification/Accreditation Requirements
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Operator in Charge or on duty.

Operator Name	Plant Certification #	Distribution Certification #
Paul Coyle	Class IVA, #31126	
Janet Bemiss	IVA#1551	
Justin Sensabaugh		IVD #20165

Comments: [A complete list of operators was provided during the inspection.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: [Not evaluated. Non-comprehensive inspection performed.](#)

III. Compliance Status - Not Evaluated

IV. Reporting Requirements

Comments: **The facility provides the reports to the Division of Water in a timely manner.**

IV. Compliance Status - No violations observed

V. Operation & Maintenance/Performance Requirements

Plant Type: ☒ C ☐ N ☐ P Service Connections: **129,493** Population Served: **348,336**

Average Production MGD: **21.15** Max. Production MGD: **40.5** Design Capacity MGD: **45**

Source: **Kentucky River**

RATING CODES: S1=No Violations Observed; S2=No Violations Obs-but impending viol trends obs; U1=Out of Compliance-No action taken; U2= Out of Comp-LOW non-recurrent Adm. or O & M; U3= Out of Compliance-NOV; NA = Not Applicable; NE = Not Evaluated. **(Add additional comments if U1-U3.)**

	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
CHEMICAL & PHYSICAL TREATMENT	NI	a) Intakes, pumps, piping <input checked="" type="checkbox"/>	# Of Levels 1 # Pumps 6 Max pump.
	NA	b) Aeration <input type="checkbox"/>	
	S1	c) Rapid mix <input type="checkbox"/>	Type: Mechanical paddle If other:
	NA	d) Flocculation <input type="checkbox"/>	# of Stages # of Trains Variable Speed
	S1	e) Sedimentation <input checked="" type="checkbox"/>	Type: Hydrotreator # of trains:
	S1	f) Chemical feed coagulation	Polyaluminum Cl/SO4
	S1	g) Carbon Feed: <input checked="" type="checkbox"/>	Feed Site1: Feed Site 2:
	S1	h) Filters & controls	Mixed Media Filter to Waste <input checked="" type="checkbox"/>
	S1	i) Filters / size sq.ft each./ rate	# 10 Size 718 Filtration Rate: 4
	S1	j) Automatic analyzers:	Chlorine: <input checked="" type="checkbox"/> Turbidity: <input checked="" type="checkbox"/> Each filter: <input checked="" type="checkbox"/> pH: <input type="checkbox"/>
	NI	k) Chemical storage:	Dry on pallets? <input type="checkbox"/> Chemical containment: <input type="checkbox"/>
	NI	l) Clearwell / screened vents	Size: Baffling: <input type="checkbox"/> Locked <input type="checkbox"/> Screened <input type="checkbox"/>
	S1	m) Pumps # and size in gpm	High Service @ Backwash @
SITE DATA		n) Site Data:	Cl. Free: Total: pH: :
		o) Site Data:	Cl. Free: Total: pH:
		p) Site Data:	Cl. Free: Total: pH:
		q) Site Data:	Cl. Free: Total: pH:
DISINFECTION	NI	r) Disinfection Pre: <input type="checkbox"/> Post: <input type="checkbox"/>	Pre Type: Post type:
	NI	s) Automatic chlorinator <input type="checkbox"/>	Automatic changeover <input type="checkbox"/> Proper Fan <input type="checkbox"/>
	NI	t) Separate room & ventilation	Crash Bar <input type="checkbox"/> Alarm <input type="checkbox"/>
	NI	u) Safety equipment	SCBA <input type="checkbox"/> Ammonia <input type="checkbox"/> Detector <input type="checkbox"/>
LABORATORY & RECORDS	S1	v) Laboratory equipment	Adequate Space <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Lighting : <input checked="" type="checkbox"/>
	S1	(1) Turbidimeter <input checked="" type="checkbox"/>	Type: HACH Last calibrated: quarterly
	S1	(2) Adequate reagent supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	(3) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH DPD reagent up-to-date: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	S1	w) Monthly operating reports	<input checked="" type="checkbox"/> Daily Record Sheet <input checked="" type="checkbox"/> Agreement: <input checked="" type="checkbox"/>
	S1	x) Housekeeping	good
DISTRIBUTION	NA	y) Master meter ; Recorder	Raw: <input type="checkbox"/> Finished: <input type="checkbox"/> ; Raw: <input type="checkbox"/> Finished: <input type="checkbox"/>
	NA	z) Blowoffs / hydrants; flushing	Flushing Schedule: <input type="checkbox"/> Blowoffs on deadends: <input type="checkbox"/>
	NA	aa) Water storage:	# of Tanks Total Storage:
	NA	bb) Booster pumps / chlorinators	Booster pumps: <input type="checkbox"/> Booster chlorinators: <input type="checkbox"/>
PLANT ON SITE OBSERVATION	S1	cc) Plant Data:	Cl free: total: 3.13 pH: 7.5
	S1	dd) Turbidity	Raw: 2 Settled: 1.2 Combined Filter: 0.04
	NI	ee) Bacteriological monitoring	Samples per mo. Records: <input type="checkbox"/>
	NI	ff) No cross-connections observed	None observed: <input type="checkbox"/> Observed: <input type="checkbox"/> Program: <input type="checkbox"/>

	NI	gg) Wastewater discharge	Is sizing adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO
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Comments: The facility was clean and operational at the time of the inspection. The new intake access car system has been completed. Flow is directed through a rapid mix where DelPAC 202 and other polymers are added. Water is then processed through hydrotreaters. All five hydrotreater valve houses have been reworked and new Swan Sewnaos Turbiwell instrumentation have been installed. Weekly calibration checks are performed on all sampling equipment by facility personnel. A THM on-line analyzer has been installed on the plant effluent. The facility is now using liquid chlorine for disinfection. Chemical areas are marked appropriately and are secure. The laboratory was satisfactory. Standards were observed to be current. Records observed during the inspection include analytical bench sheets, temperature log books, and calibration logs. The plant on-line chlorine and bench top chlorine readings were comparable.

The distribution system for this plant is associated with the Richmond Road facility. The following upgrades are being looked at or are in the planning state: A UV disinfection system; a new solids/ filter backwash handling system.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance

Comments: The facility holds a KPDES Permit for the wastewater discharge.

VI. Compliance Status - Not Evaluated

VII. Monitoring/Analyses Evaluation

Comments: Not evaluated.

VII. Compliance Status - Not Evaluated

VIII. Environmental /Health Impact

Work Site Hazard Assessment : ☒ ATTACHED ☐ REVIEWED

Comments: No major concerns were noted at the time of the inspection.

VIII. Compliance Status – No violations observed

IX. Documentation

- ☒ Samples taken by DEP
- ☐ Samples taken by outside source
- ☐ Instrument readings taken by DEP regional office
- ☐ Photographs obtained by DEP

- ☒ Copies of records obtained by DEP
☒ Other documentation

Inspector: Deborah Singleton	Title: Environmental Inspector III	Date: 7/16/2024
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Signature: DES

Overall Compliance Status
<input checked="" type="checkbox"/> No violations observed
<input type="checkbox"/> No violations observed, but impending violation trends observed
<input type="checkbox"/> Out of Compliance- No action taken
<input type="checkbox"/> Out of Compliance LOW non-recurrent administrative or O & M
<input type="checkbox"/> Out of Compliance - NOV

Comments:

Delivery Method: Regular Mail	Cert. Mail #:
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**ENERGY AND ENVIRONMENT CABINET
KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
Routine Surface Inspection**

Site/Permit ID: KY0340250	Division: Water	Regional Office: Frankfort
Site Name: Kentucky American Water- Plant B	Program: Drinking Water	
Site Address: 2300 Richmond Road		
City: Lexington	State: KY	Zip: 40502 County: Fayette
Inspection Type: Routine Surface	Purpose: Noncomprehensive	AI #: 1063
Inspection Date: 6/21/24	Time: Start 10:45 AM End 13:15 PM	
Latitude: 37 39' 24"	Longitude: 84 26' 11"	
Coordinate Collection Method: G40-Handheld receiver		Revision Code: 112108
Drinking Water Data		
Plant Name: Kentucky American Water- Plant-B	Contact Name: Robert Money	
Phone No.: 423-355-8591	Fax No: 859-335-3388	Email Address: bob.money@amwater.com

I. Administrative Requirements

Comments: [The facility has not received any enforcement actions since the previous inspection.](#)

I. Compliance Status - No violations observed

II. Operator Certification/Accreditation Requirements

Operator in Charge or on duty.

Operator Name	Plant Certification #	Distribution Certification #
Jessica Dominguez	IVA#73725	
Deke Whitaker	IVA#29935	
Jimmie Smith	IVA#22054	

Comments: [A full list of operators was provided during the inspection. Justin Sensabaugh is in charge of the distribution system: active Class IVD, license #20165. A full list of operators was provided during the inspection.](#)

II. Compliance Status - No violations observed

III. Record Keeping Requirements

Comments: [Not evaluated. Non-comprehensive inspection performed.](#)

III. Compliance Status - Not Evaluated**IV. Reporting Requirements**Comments: **Not evaluated.****IV. Compliance Status - Not Evaluated****V. Operation & Maintenance/Performance Requirements**Plant Type: ☒ C ☐ N ☐ P Service Connections: 134972 Population Served: 363,077

Average Production MGD: 11.55 Max. Production MGD: 19.25 MGD

Design Capacity MGD: 25 MGD

Source: Kentucky River and Jacobson Reservoir.

RATING CODES: S1=No Violations Observed; S2=No Violations Obs-but impending viol trends obs; U1=Out of Compliance-No action taken; U2= Out of Comp-LOW non-recurrent Adm. or O & M; U3= Out of Compliance-NOV; NA = Not Applicable; NE = Not Evaluated. (Add additional comments if U1-U3.)

	RATING	Equipment / Inspection Data	<input type="checkbox"/> Checking block means item is present:
CHEMICAL & PHYSICAL TREATMENT	NI	a) Intakes, pumps, piping <input type="checkbox"/>	# Of Levels # Pumps Max pump.
	NA	b) Aeration <input type="checkbox"/>	
	S1	c) Rapid mix <input checked="" type="checkbox"/>	Type: Mechanical paddle If other:
	S1	d) Flocculation <input checked="" type="checkbox"/>	# of Stages 2 # of Trains 2 Variable Speed yes
	S1	e) Sedimentation <input checked="" type="checkbox"/>	Type: Conventional # of trains: 4
	S1	f) Chemical feed coagulation	Alum-polymer blends
	NA	g) Carbon Feed: <input type="checkbox"/>	Feed Site 1: Feed Site 2:
	S1	h) Filters & controls	Mixed Media Filter to Waste <input checked="" type="checkbox"/>
	S1	i) Filters / size sq.ft each./ rate	# 8 Size Filtration Rate: 4
	S1	j) Automatic analyzers:	Chlorine: <input checked="" type="checkbox"/> Turbidity: <input checked="" type="checkbox"/> Each filter: <input checked="" type="checkbox"/> pH: <input checked="" type="checkbox"/>
	NI	k) Chemical storage:	Dry on pallets? <input checked="" type="checkbox"/> Chemical containment: <input checked="" type="checkbox"/>
	NI	l) Clearwell / screened vents	Size: 1.2 MG Baffling: <input checked="" type="checkbox"/> Locked <input checked="" type="checkbox"/> Screened <input checked="" type="checkbox"/>
	NI	m) Pumps # and size in gpm	High Service 6 @ Backwash 2 @ 9933
SITE DATA	S1	n) Site Data: Clays Mill	Cl. Free: DOW Total: 2.7 pH: on-line : 2.29
	S1	o) Site Data: Clays Mill	Cl. Free: WTP Total: 2.11 pH:
	S1	p) Site Data: Parkers mill	Cl. Free: DOW Total: 2.20 pH: On-Line 2.18
	S1	q) Site Data: Parkers Mill	Cl. Free: WTP Total: 2.10 pH:
DISINFECTION	NI	r) Disinfection Pre: <input type="checkbox"/> Post: <input type="checkbox"/>	Pre Type: Post type:
	NA	s) Automatic chlorinator <input checked="" type="checkbox"/>	Automatic changeover <input type="checkbox"/> Proper Fan <input type="checkbox"/>
	NA	t) Separate room & ventilation	Crash Bar <input type="checkbox"/> Alarm <input type="checkbox"/>
	NA	u) Safety equipment	SCBA <input type="checkbox"/> Ammonia <input type="checkbox"/> Detector <input type="checkbox"/>
LABORATORY & RECORDS	S1	v) Laboratory equipment	Adequate Space <input checked="" type="checkbox"/> Equipment <input checked="" type="checkbox"/> Lighting : <input checked="" type="checkbox"/>
	NI	(1) Turbidimeter <input checked="" type="checkbox"/>	Type: HACH Last calibrated: quarterly
	S1	(2) Adequate reagent supply	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	S1	(3) Chlorine Test Kit <input checked="" type="checkbox"/>	Type: HACH DPD reagent up-to-date: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
	S1	w) Monthly operating reports	<input checked="" type="checkbox"/> Daily Record Sheet <input checked="" type="checkbox"/> Agreement: <input checked="" type="checkbox"/>
	S1	x) Housekeeping	Good
DISTRIBUTION	NI	y) Master meter ; Recorder	Raw: <input checked="" type="checkbox"/> Finished: <input checked="" type="checkbox"/> ; Raw: <input checked="" type="checkbox"/> Finished: <input checked="" type="checkbox"/>
	NI	z) Blowoffs / hydrants; flushing	Flushing Schedule: <input checked="" type="checkbox"/> Blowoffs on deadends: <input checked="" type="checkbox"/>
	S1	aa) Water storage:	# of Tanks 12 Total Storage:
	NI	bb) Booster pumps / chlorinators	Booster pumps: <input checked="" type="checkbox"/> Booster chlorinators: <input type="checkbox"/>

PLANT ON SITE OBSERVATION	S1	cc) Plant Data:	Cl free: total: 3.15 pH: 7.36
	S1	dd) Turbidity	Raw:7 Settled:0.16 Combined Filter:0.026
	NI	ee) Bacteriological monitoring	Samples per mo. Records: <input type="checkbox"/>
	NI	ff) No cross-connections observed	None observed: <input type="checkbox"/> Observed: <input type="checkbox"/> Program: <input checked="" type="checkbox"/>
	NI	gg) Wastewater discharge	Is sizing adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO

Comments: The Division of Water conducted a non-Comprehensive inspection on June 21, 2024. The inspection included a tour of the facility's process, laboratory procedures, and the KAW distribution system. No major concerns were noted during the inspection. The facility was clean and operational. Raw water is continually monitored as it enters the plant and is then directed to the rapid mix, floc basins, and sedimentation basins. The flow leaving the weirs were satisfactory. Basins are cleaned quarterly. Filters were satisfactory and used on a rotating basis. Online instrumentation is calibrated quarterly. Flow leaves the filters and is directed to one of two chlorine contact basins.

The facility now uses liquid chlorine for disinfection purposes. Liquid lime is now used. Current chemical storage areas are marked appropriately and are secure.

The following tanks were observed during the inspection: Arboretum, Clays Mill, and Parkers Mill. The tanks were secure, flappered, and observed to be in good condition.

Chlorine residuals in the system were acceptable. Daily chlorine check standards are performed and recorded. Tanks are inspected once every five years. System flushing is performed in the spring. Most meters are radio read. Additional chlorine sample: Arboretum: DOW 3.5; WTP 3.05; On-Line- 3.09.

V. Compliance Status - No violations observed

VI. Discharge/Emission Compliance

Comments: A KPDES inspection was performed and the facility was found to be in compliance.

VI. Compliance Status - No violations observed

VII. Monitoring/Analyses Evaluation

Comments: Not evaluated.

VII. Compliance Status - Not Evaluated

VIII. Environmental /Health Impact

Work Site Hazard Assessment : ☒ ATTACHED ☐ REVIEWED

Comments: No major concerns were noted at the time of the inspection.

VIII. Compliance Status – No violations observed

IX. Documentation

- ☒ Samples taken by DEP
- ☐ Samples taken by outside source
- ☒ Instrument readings taken by DEP regional office
- ☐ Photographs obtained by DEP
- ☒ Copies of records obtained by DEP
- ☐ Other documentation

Inspector: Deborah Singleton**Title:** Environmental Inspector III**Date:** 7/19/2024

Signature: 

Overall Compliance Status

- ☒ No violations observed
- ☐ No violations observed, but impending violation trends observed
- ☐ Out of Compliance- No action taken
- ☐ Out of Compliance LOW non-recurrent administrative or O & M
- ☐ Out of Compliance - NOV

Comments:

Delivery Method: Regular Mail

Cert. Mail #: