

CANCELLED

May 5, 2021

PUBLIC SERVICE COMMISSION
OF KENTUCKY

Delaplain Disposal Company

For Scott County, Kentucky

P.S.C. Ky. No. _____

First Revised Sheet No. _____

Canceling P.S.C. Ky. No. _____

Original Sheet No. 4.1

**KENTUCKY PUBLIC
SERVICE COMMISSION**

SEP 03 1998 RULES AND REGULATIONS

PURSUANT TO 807 KAR 5011
SECTION 9(1) INDUSTRIAL/COMMERCIAL USER POLICY

1.0 PURPOSE BY: Sharon Bue
SECRETARY OF THE COMMISSION

This Policy sets forth uniform requirements for existing and future Users who discharge directly or indirectly into the wastewater collection and treatment system ("System") of Delaplain Disposal Company ("Utility"). This Policy is designed to ensure that Users take no action which would prevent the Utility from complying with the requirements of the Commonwealth of Kentucky's Division of Water of the Natural Resources and Environmental Protection Cabinet ("DOW").

2.0 OBJECTIVES

The objectives of this Policy are to: (1) prevent the introduction of pollutants or materials into the wastewater system that interfere with the System's operation, contaminate the resulting sludge, pass through the System into the receiving waters or the atmosphere, or otherwise are incompatible with the System; (2) improve the opportunity to recycle and reclaim wastewater and sludge; and (3) ensure equitable distribution of the cost of the treatment and collection system.

3.0 POLICY

All Users are subject to this Policy and shall comply with its terms and those of approved Operating Agreements ("Operating Agreements") between Users and the Utility. Where a conflict between the terms of this Policy and an Operating Agreement occurs, the terms of this Policy shall control.

Users shall arrange and shall cause to be performed any required analyses. A laboratory approved by the Utility shall perform all analyses. Users shall bear all costs associated with these analyses. The Utility may conduct sampling and analysis of a User's effluent discharges at its discretion.

This Policy shall be administered and enforced for the Utility by a registered professional engineer or appropriately certified wastewater treatment plant operator experienced in wastewater and sewer regulation and management.

4.0 SEWER USE

Within 30 days from the effective date of this Policy, each existing User shall submit to the Utility a completed User Information Form. Within 30 days of the Utility's receipt of the User Information Form, the Utility and the User shall enter an Operating Agreement incorporating the requirements of this Policy. Users failing to enter such an Operating Agreement within 60 days of the Policy's effective date are subject to termination of service and disconnection from the System.

No prospective User shall connect to or use any existing connection of the system before submitting a completed User Information Form to the Utility and entering an Operating Agreement with the Utility.

The Utility may assess to any User who violates any provision of this Policy or its Agreement a charge equal to the amount of damage to the System or costs incurred by the Utility that result from the violation. Such costs may include, but are not limited to, civil or criminal penalties assessed to the Utility as a result of the User's violation and attorneys fees and other costs incurred in civil and criminal proceedings resulting from the User's violation. The Utility may, at its discretion, also terminate a User's service for violations of this Policy.

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SECTION 9 (1)

Users who discharge only domestic or "restroom waste" into the System shall complete the applicable portions of the User Information Form set forth at Section 9.1 and execute the Operating Agreement set forth at Section 10.1 of this Policy.

All other Users shall complete and submit the User Information Form set forth at Section 9.1 in its entirety and shall execute the Operating Agreement set forth at Section 10.2. This Operating Agreement shall be tailored to the User's discharge activity and shall enable the Utility to comply with its Kentucky Pollutant Discharge Elimination System Permit ("KPDES Permit").

No User shall place, deposit, or permit to be deposited into the System any wastewater containing or having:

- any storm water, ground water, roof run-off, subsurface drainage, or cooling water.
- a temperature higher than 104 degrees F.
- any gasoline, benzene, naptha, fuel oil, or other flammable or explosive liquids, solids, or gases; and in no case any pollutant with a closed cup flashpoint of less than 140 degrees F., or which causes the System to exceed 10 percent of the lower explosive limit at any point.
- any garbage that has not been ground by suitable garbage grinders.
- any ashes, cinders, sand, mud, straw, shavings, metal, glass, rags, feathers, tar, plastic, wood, manure, or any other solids or viscous substances capable of causing obstructions or other interferences with proper operation of the System.
- toxic or poisonous substances in sufficient quantity to injure or interfere with any wastewater treatment process, to constitute hazards to humans or animals, or to create any hazard in waters which receive treated effluent from the System.
- noxious or malodorous gases or substances capable of creating a public nuisance including pollutants which result in the presence of toxic gases, vapors, or fumes.
- solids of a character or quantity that require special and unusual attention for their handling.
- any substance which may affect System effluent and cause the Utility to violate the requirements of its Permit.
- any substance which would cause the System to fail to comply with sludge use, recycling, or disposal guidelines or regulations issued pursuant to the federal laws governing air or water quality, the Toxic Substances Act, or any applicable enactment of the Commonwealth of Kentucky.
- color which is not removed in the treatment process.
- medical or infectious wastes, radioactive waste or isotopes, or any pollutant, including BOD pollutants, released at a flow rate or concentration which would interfere with operation of the System.

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The Utility may, at reasonable times, inspect the interior or exterior of any building connected or to be connected to the System, inspect and copy appropriate records, and inspect and test sampling equipment. The Utility may, at any reasonable time, perform smoke test on or test the discharges of any facility connecting a building to the System.

5.0 USER MANAGEMENT REQUIREMENTS

5.1 Change in Discharge

Users shall at all times comply with Operating Agreements. No facility expansion, production increase, or process modification that will cause a new, different, or increased discharge into the System may be implemented without the Utility's prior approval and until the execution of a written amendment to the User's existing Operating Agreement. Requests for modification of an Operating Agreement must be submitted in writing to the Utility not less than 90 days prior to the User's proposed implementation date. No facility expansion, production increase, or process modification shall be approved that causes a discharge that would cause the Utility to violate its KPDES Permit.

5.2 Non-Compliance Notification

Upon learning that it is not complying with its Operating Agreement or that an unavoidable event will prevent its compliance with its Operating Agreement, the User shall immediately notify the Utility of:

- the nature and cause of the non-complying discharge;
- the time when the non-complying discharge began or is expected to begin and its duration; and
- the steps taken by the User to achieve compliance and prevent a recurrence of the non-complying discharge.

If the User learns of its failure to comply as a result of sampling and analysis, it shall repeat the sampling and analysis within 24 hours of learning of its failure to comply and immediately provide to the Utility the results of the second sampling and analysis.

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5.3 Termination of Service

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After a reasonable attempt to obtain compliance, the Utility may terminate service for:

- Discharges not permitted by the User's Agreement or in excess of those permitted, upon ten days written termination notice;
- Falsification of reports, upon ten days written termination notice;
- Unapproved modification of sampling equipment or methods, upon ten days written termination notice;
- (For customers discharging only domestic or "restroom waste") Refusal to allow the Utility timely access to the User's premises, upon ten days written termination notice;
- (For customers discharging wastes other than domestic or "restroom waste") Refusal to allow the Utility timely access to the User's premises, upon two days written termination notice;

PURSUANT TO 807 KAR 5.011,
SECTION 9.11
BY: Stephen Bell
SECRETARY OF THE COMMISSION

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- Any discharge which presents a hazard to public health and safety, the welfare of the local environment, or the System, without advance notice.

6.0 OPERATING AGREEMENTS

6.1 Transferability

No Operating Agreement may be transferred without the Utility's prior written approval. No approval will be granted by the Utility unless the transferee has agreed in writing to be bound by the terms of the transferred Agreement.

6.2 Modification

Upon 30 days notice to Users and to the Commission, the Utility may modify or amend existing Operating Agreements to impose additional restrictions, conditions, prohibitions, or monitoring requirements upon Users as may be required of the Utility by DOW as a condition for maintaining or renewing its KPDES Permit.

7.0 MONITORING AND REPORTING

7.1 Representative Samples

Samples shall be representative of the volume and nature of the monitored discharge.

7.2 Reporting

Unless otherwise provided in its Agreement, Users shall submit to the Utility by the 15th of each month User monitoring reports for the preceding month. A completed "Self-monitoring Report Form", as set forth in Section 11.1 of this Policy, shall be filed for each sample taken. Users shall submit with the User monitoring reports a completed "Chain of Custody Form", as set forth in Section 11.2 of this policy, for each sample taken.

7.3 Integrity of Samples

Samples shall be collected, handled, and preserved using methods approved by the U. S. Environmental Protection Agency ("EPA") and shall be analyzed by a Utility-approved laboratory according to methods contained in Title 40, Code of Federal Regulations, Part 136, or otherwise approved by the EPA ("E.P.A approved procedures").

7.4 Chain of Custody

Sample containers shall be labeled at the time of collection and the following information shall be affixed to the label with waterproof ink: sample number, name of collector, and the date, time, and place of collection. The User shall maintain a field log with all information required for the label and the name of the user, location of sampling point, and type of sample. A Chain-of-Custody form containing all information recorded in the field log plus the signature of all persons who have had custody of the sample and the dates of possession shall accompany each sample that is provided to the laboratory. The format of the Chain-of-Custody form is set forth at Section 11.2 of this Policy.

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7.5 Record Retention

Users shall maintain records of all monitoring information, including all calibration and maintenance records and all original chart recordings for continuous monitoring instruments, and copies of all reports required by this policy, for at least three years from creation of the record.

7.6 Definitions

- Composite Sample when performed automatically by mechanical instrument shall mean a sample that is collected over time, formed either by continuous sampling or by mixing discrete samples. The sample may be either a time composite sample (composed of discrete sample aliquots collected in one container at constant time intervals providing representative samples irrespective of stream flow) of a flow proportional sample (collected either as a constant sample volume at time intervals proportional to stream flow, or collected by increasing the volume of each aliquot as the flow increases while maintaining a constant time interval between aliquots). Composite samples taken manually shall be comprised of no fewer than four samples of equal volume collected over an eight hour period at intervals proportionate to discharge flow, or a sample portion collected continuously over a 24 hour period at a rate proportional to the discharge flow. Methods for composite sampling must be approved in advance by the Utility.

- Biochemical Oxygen Demand (BOD or BOD-5) shall mean the measure of decomposable organic matter in wastewater as represented by the oxygen used over a period of five days at 20 degrees C, as determined by E.P.A. approved procedures.

- Total Suspended Solids (TSS) shall mean the insoluble solid matter suspended in wastewater that is separable by laboratory filtration according to E.P.A. approved procedures.

- Oil and Grease (Total) shall mean all vegetable and animal matter, hydrocarbons, waxes, oils, gasoline, heavy fuel, or lubricating oils as determined according to E.P.A. approved procedures.

- Daily Maximum shall mean the maximum allowable discharge of a pollutant during a calendar day. Where daily maximum limitations are expressed in units of mass, the daily discharge is the total mass discharged over the course of the day. Where daily maximum limitations are expressed in terms of concentration, the daily discharge is the arithmetic average measurement of the pollutant concentration derived from all measurements taken that day.

- Grab Sample shall mean an individual sample collected in less than 15 minutes, without regard for flow or time.

- Instantaneous Maximum Concentration shall mean the maximum concentration allowed in any single grab sample.

- Cooling Water, Uncontaminated, shall mean water used for cooling purposes only which has no direct contact with any raw material, intermediate, or final product and which does not contain a level of contaminants detectably higher than that of the intake water.

- Cooling Water, Contaminated, shall mean water used for cooling purposes only which may become contaminated either through the use of water treatment chemicals used as corrosion inhibitors or biocides, or by direct contact with process materials or wastewater.

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ISSUED BY Elbert C. Ray *ECR* Partner P.O. Box 4382, Lexington, Kentucky 40544
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- Monthly Average shall mean the arithmetic mean of the values for effluent samples collected during a calendar month or specified 30 day period.

- Weekly Average shall mean the arithmetic mean of the values for effluent samples collected over a period of seven consecutive days.

- Bi-Weekly shall mean once every other week.

- Bi-Monthly shall mean once every other month.

- Quarterly shall mean once every three months.

- By-Pass shall mean the intentional diversion of wastes from any portion of the treatment facility.



8.0 DISCHARGE LIMITS

No discharge into the Utility's system may exceed the following limits:

DISCHARGE LIMITATIONS

PARAMETER	UNIT	24 HOUR MAXIMUM CONCENTRATION (mg/L)
Flow	GPD	Report
Arsenic, total	mg/L	0.10
Cadmium, total	mg/L	0.05
Chromium, total	mg/L	1.71
Chromium, hexavalent	mg/L	0.10
Copper, total	mg/L	0.60
Cyanide, total	mg/L	0.50
Iron, total	mg/L	15.0
Lead, total	mg/L	0.20
Mercury, total	mg/L	0.0005
Nickel, total	mg/L	1.0
Silver, total	mg/L	0.10
Zinc, total	mg/L	2.0
Ammonia Nitrogen	mg/L	30
Oil/Grease, Total	mg/L	100
PH, S.U.	mg/L	6-10
TSS	mg/L	300
BOD-5	mg/L	300

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9.0 USER INFORMATION FORM

As set forth in section 3.0 of the Industrial/Commercial User Policy, the following form must be completed and submitted to the Utility by all current users within 30 days of Commission approval of this and prior to connection to the system by prospective Users.

USER INFORMATION FORM

NOTE: Please read all attached instructions prior to completing this application.

1.1 Facility Name: _____
Operator Name: _____

Is the operator identified the owner of the facility?

Yes () No () If no, provide the name and address of the operator and submit a copy of the contract or other documents indicating the operator's scope of responsibility for the facility

1.2 Facility Address:
Street: _____
City: _____ State: _____ Zip: _____

1.3 Business Mailing Address:
Street: _____
City: _____ State: _____ Zip: _____

1.4 Designated Signatory Authority of the Facility:
(Attach similar information for each authorized representative)
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

1.5 Designated Facility Contact:
Name: _____
Title: _____
Phone Number: _____
Fax Number: _____



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SECRETARY OF THE COMMISSION

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2.0 BUSINESS ACTIVITY:

2.1 If your facility employs or will employ processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

INDUSTRIAL CATEGORIES*

- | | | | |
|--------------------------|------------------------------------|--------------------------|--|
| <input type="checkbox"/> | Aluminum Forming | <input type="checkbox"/> | Asbestos Manufacturing |
| <input type="checkbox"/> | Battery Manufacturing | <input type="checkbox"/> | Can Making |
| <input type="checkbox"/> | Coal Mining | <input type="checkbox"/> | Coil Coating |
| <input type="checkbox"/> | Copper Forming | <input type="checkbox"/> | Electric and Electronic Components Manufacture |
| <input type="checkbox"/> | Electroplating | <input type="checkbox"/> | Feedlots |
| <input type="checkbox"/> | Fertilizer Manufacturing | <input type="checkbox"/> | Foundries (Metal Molding and Casting) |
| <input type="checkbox"/> | Glass Manufacturing | <input type="checkbox"/> | Grain Mills |
| <input type="checkbox"/> | Inorganic Chemicals | <input type="checkbox"/> | Iron and Steel |
| <input type="checkbox"/> | Leather Tanning and Finishing | <input type="checkbox"/> | Metal Finishing |
| <input type="checkbox"/> | Nonferrous Meta Forming | <input type="checkbox"/> | Nonferrous Metals Manufacturing |
| <input type="checkbox"/> | Organic Chemicals Manufacture | <input type="checkbox"/> | Paint and Ink Formulating |
| <input type="checkbox"/> | Paving and Roofing Manufacture | <input type="checkbox"/> | Pesticides Manufacturing |
| <input type="checkbox"/> | Petroleum Refining | <input type="checkbox"/> | Pharmaceutical |
| <input type="checkbox"/> | Plastic, Synthetic Materials Mfgr. | <input type="checkbox"/> | Plastics Processing Manufacturing |
| <input type="checkbox"/> | Porcelain Enamel | <input type="checkbox"/> | Pulp, Paper and Fiberboard Manufacturing |
| <input type="checkbox"/> | Rubber | <input type="checkbox"/> | Soap and Detergent Manufacturing |
| <input type="checkbox"/> | Steam Electric | <input type="checkbox"/> | Sugar Processing |
| <input type="checkbox"/> | Textile Mills | <input type="checkbox"/> | Timber Products |

* A facility whose processes are within these business areas may be a "categorical user" and subject to Environmental Protection Agency (EPA) categorical pretreatment standards.

2.2 Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

2.3 Indicate applicable Standard Industrial Classification (SIC) for all processes. (If more than one applies, list in descending order of importance):

a. _____ b. _____ c. _____ d. _____ e. _____

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3.4 List Average Water Use on Premises: (New facilities may estimate)

TYPE	AVERAGE WATER USAGE (GPD)	INDICATE (E) ESTIMATED OR (M) MEASURED
a. Contact cooling water		
b. Non-contact cooling water		
c. Boiler feed		
d. Process		
e. Sanitary		
f. Air pollution control		
g. Contained in product		
h. Plant and equipment washdown		
i. Irrigation and lawn watering		
j. Other		
k. TOTAL OF a-j		

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4.0 SEWER INFORMATION:

4.1 For an Existing Business:

Is the building presently connected to the Delaplain Disposal sanitary sewer system?

Yes: Sanitary sewer account number _____ Yes No
 No: Have you applied for a sanitary sewer hookup? Yes No

For a New Business:

Have you applied for a building permit if a new facility will be constructed? Yes No
Will you be connected to the Delaplain Disposal sewer system? Yes No

4.2 List size, descriptive location, and flow of each facility sewer that connects to the sewer system. (If more than four, attach additional information on another sheet.)

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

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BY: William B. Bell
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5.0 WASTEWATER DISCHARGE INFORMATION:

5.1 Does (or will) this facility discharge any wastewater other than from restrooms to the sewer system?

() Yes (Complete the remainder of this application.)

() No (Skip to Section 9.)

5.2 Provide the following information on wastewater flow rate: (New facilities may estimate)

Hours/Day Discharge (e.g., 8 hours/day)

M ___ T ___ W ___ TH ___ F ___ SAT ___ SUN ___

Hours of Discharge (e.g., 9 a.m. to 5 p.m.)

M ___ T ___ W ___ TH ___ F ___ SAT ___ SUN ___

Peak Hourly Flow Rate (Gals) _____

Maximum Daily Flow Rate (Gals) _____

Annual Daily Average (Gals) _____

5.3 If batch discharges occurs or will occur, indicate: (New facilities may estimate)

Number of batch discharges, _____ per day

Average discharge per batch, _____ (Gals)

Time of batch discharges, _____ (days of week) at _____ (hours of day)

Flow Rate, _____ gallons/minute, Percent of total discharge, _____%

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BY: Skema Bui
SECRETARY OF THE COMMISSION

5.4 Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, draw a diagram of the flow of material, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the sewer. Use these numbers when showing the unit processes in the building layout in Section 8. This drawing must be certified by a Kentucky Registered Professional Engineer.

Facilities that checked activities in question 2.1 of Section 2 are considered Categorical Industrial Users and should skip to Section 5.6.

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5.5 For Non-categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, Contin., None)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Answer questions 5.6 and 5.7 only if you are subject to categorical pretreatment standards

5.6 For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, Contin., None)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, Contin., None)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5.7 For Categorical Users subject to Total Toxic Organic (TTO) Requirements: Provide the following TTO information.

Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by the EPA?

() Yes () No

Has the baseline monitoring report (BMR) been submitted which contains the TTO information?

() Yes () No

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

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

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5.8 Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

- Current: Flow Metering Yes No
- Sampling Equipment Yes No
- Planned: Flow Metering Yes No
- Sampling Equipment Yes No

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

5.9 Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

- Yes No, (skip question 5.10)

5.10 Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

6.0 CHARACTERISTICS OF DISCHARGE

All current industrial/commercial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the table at the end of this section to report the analysis of the analytical results. Do Not Leave Blanks. For all other (non-regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136. If they do not, indicate what method was used.

New users should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

7.0 TREATMENT

7.1 Is any form of wastewater treatment (see list below) practiced at this facility?
 Yes No

7.2 Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?
 Yes No

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Public Utility for this
PURSuant to 007 KAR 5011,
SECTION 9 (1)
BY: Sharon O. Bui
SECRETARY OF THE COMMISSION

DATE OF ISSUE _____
Month Day Year

DATE EFFECTIVE _____
Month Day Year

ISSUED BY Elbert C. Ray *E CR*
Name of Officer

Partner
Title

P.O. Box 4382, Lexington, Kentucky 40544
Address

Delaplain Disposal Company

RULES AND REGULATIONS

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

- | | |
|--|--|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Centrifuge |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Chlorination |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Filtration |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Grease or Oil Separation, type: _____ |
| <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Grinding Filter |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Ion Exchange |
| <input type="checkbox"/> Neutralization, pH correction | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Sedimentation | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Solvent Separation | <input type="checkbox"/> Spill Protection |
| <input type="checkbox"/> Sump | <input type="checkbox"/> Biological Treatment, type: _____ |
| <input type="checkbox"/> Rainwater Diversion or Storage | <input type="checkbox"/> Other Chemical Treatment, type: _____ |
| <input type="checkbox"/> Other Physical Treatment, type: _____ | <input type="checkbox"/> Other, type: _____ |



7.4 Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

7.5 Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

7.6 Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

7.7 Do you have a treatment plant operator? Yes No

(If yes,) Name: _____
Title: _____ Phone: _____
Full time: _____ (specify hours) Part time: _____ (specify hours)
Classification: _____ Certification No. _____

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7.8 Do you have a manual on the correct operation of your treatment equipment?
 Yes No

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BY: Stephan D. Bell
SECRETARY OF THE COMMISSION

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Name of Officer Title Address

Delaplain Disposal Company

RULES AND REGULATIONS

7.9 Do you have a written maintenance schedule for your treatment equipment?
 Yes No

8.0 FACILITY OPERATIONAL CHARACTERISTICS:

8.1 Shift Information

Work Days	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Shifts per work day:							
Empl's per Shift	1 st .						
	2 nd .						
	3 rd .						
Shift start and end times:	1 st						
	2 nd						
	3 rd						

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8.2 Indicate whether the business activity is:

- Continuous through the year, or
 Seasonal - Circle the months of the year which the business activity occurs:

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Comments:											

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OF KENTUCKY
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8.3 Indicate whether the facility discharge is:

- Continuous through the year, or
 Seasonal - Circle the months of the year which the business activity occurs:

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Comments:											

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BY: Sharon B. B...
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RULES AND REGULATIONS

For Scott County, Kentucky
P.S.C. Ky. No. _____
First Revised Sheet No. _____
Canceling P.S.C. Ky. No. _____
Original Sheet No. 416

8.4 Does the operation shut down for vacation, maintenance, or other reasons?
() Yes, indicate reasons and period when shutdown occurs:

8.5 List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

8.6 List types and quantity of chemicals used or planned for use during permit period. (attach list if needed). Include copies of Manufacturer's Safety Data Sheets for all chemicals identified:

Chemical	Quantity
_____	_____
_____	_____

8.7 Building Layout. Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), sewer, and each facility sewer line connected to the sewer system. Number each sewer and show existing and proposed sampling locations. A blueprint or drawing of the facilities showing the above items may be attached instead.

9.0 SPILL PREVENTION:

9.1 Do you have chemical storage container, bins or ponds at your facility? () Yes () No

If yes, describe their locations, contents, size, type and frequency and method of cleaning. Also indicate in a diagram or describe below these containers' proximity to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

9.2 Do you have floor drains in your manufacturing or chemical storage area(s)?

() Yes, Indicate discharge location: _____
() No

9.3 If you have chemical storage containers, bins or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).

- () an onsite disposal system
- () sanitary sewer system (e.g. through a floor drain)
- () storm drain
- () to ground
- () other, specify: _____
- () not applicable, no possible discharge to any of the above routes

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Name of Officer

Partner
Title

P.O. Box 4382, Lexington, Kentucky 40540
Address

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Delaplain Disposal Company

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9.4 Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the collection system?

- () Yes - (Attach a copy of the plan) () No
() Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

9.5 Describe below any previous spill events and remedial measures taken to prevent their recurrence.

10.0 NON-DISCHARGE WASTES:

10.1 Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

- () Yes, please describe below
() No, Skip the remainder of Section 10.

Waste Generated	Quantity (per year)	Disposal Method
		May 5, 2021



10.2 Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

10.3 If any of your wastes are sent to an off-site centralized waste treatment facility, identify the wastes and the facility.

10.4 If an outside firm removes any of the above checked wastes, state the name(s), and address(es) of all waste haulers:

A. _____ B. _____

Permit # _____ Permit # _____

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SECTION 9(1)

BY: Stewart Bull
SECRETARY OF THE COMMISSION

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Month Day Year

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Month Day

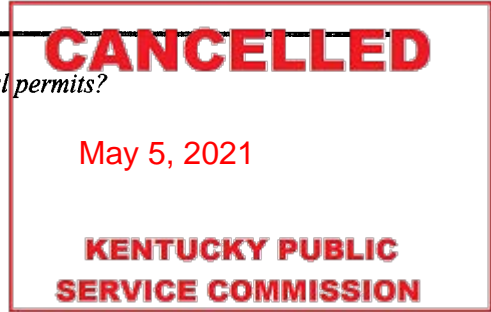
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Name of Officer

Partner
Title

P.O. Box 4382, Lexington, Kentucky 40544
Address

Delaplain Disposal Company

RULES AND REGULATIONS



10.5 Have you ever been issued any Federal, State, or local environmental permits?
 Yes No

If Yes, please list the permit(s):

11.0 AUTHORIZED SIGNATURES:

11.1 Compliance Certification:

A. Are all applicable Federal, State, and local pretreatment standards and requirements being met on a consistent basis?

Yes No Not yet discharging

B. If no, what additional operations and maintenance procedures are being considered to bring the facility into compliance? List any additional treatment technology or practice being considered to bring the facility into compliance.

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

Milestone Activity	Completion Date

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SECTION 9 (1)
BY: [Signature]
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Month Day Year

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Month Day Year

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Name of Officer Title Address

For Scott County, Kentucky
P.S.C. Ky. No. _____
First Revised Sheet No. _____
Canceling P.S.C. Ky. No. _____
Original Sheet No. 4.19

Delaplain Disposal Company

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12.0 AUTHORIZED REPRESENTATIVE STATEMENT:

I hereby swear that: (1) This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted; (2) Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete; (3) I am aware that submitting false information may lead to termination of sewer service, and civil and/or criminal proceedings by local, state, and federal governments.

Name(s) Title

Signature Date Phone

Subscribed and sworn to by _____, Applicant's Representative, this
____ day of _____, 19__.

My commission expires _____.

Notary Public



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PURSUANT TO 807 KAR 5011,
SECTION 9 (1)
BY: Stephan B. Bell
SECRETARY OF THE COMMISSION

DATE OF ISSUE _____
Month Day Year

DATE EFFECTIVE _____
Month Day Year

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Name of Officer Title Address

CANCELLED

May 5, 2021

Delaplain Disposal Company

**KENTUCKY PUBLIC
SERVICE COMMISSION**

RULES AND REGULATIONS

For Scott County, Kentucky

P.S.C. Ky. No. _____

First Revised Sheet No. _____

Canceling P.S.C. Ky. No. _____

Original Sheet No. 420

10.0 FORM OPERATING AGREEMENTS

10.1 Operating Agreement for Users whose discharge into the System is limited to **domestic or "restroom wastes."**

OPERATING AGREEMENT

This Agreement is entered between Delaplain Disposal Company (the Utility), and

USER: NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

In consideration of the services rendered by the Utility, User agrees to be bound by the provisions of the Utility's tariff on file with the Kentucky Public Service Commission and further agrees that it will not place, deposit, or suffer to be deposited any wastes other than domestic or "restroom wastes" into the Utility's system through any connection to the system from property it uses, rents, owns, or controls.

User specifically acknowledges that placing, depositing, or suffering to be deposited any waste other than domestic or "restroom wastes" in the Utility's system by it or any persons under its control is a violation of the rules and regulations of the Utility for which the Utility may disconnect User's sewer service and recover any damages from User which the Utility may incur as a result of User's violation, including but not limited to any fines or penalties for which Utility may become liable to the Commonwealth of Kentucky, Division of Water of the Natural Resources and Environmental Protection Cabinet, under Utility's Kentucky Pollution Discharge Elimination System Permit.

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

Delaplain Disposal Company
By: _____
Title: _____
Date: _____

User: _____
By: _____
Title: _____
Date: _____

10.2 Operating Agreements for Users who are or will be placing, depositing, or suffering to be deposited wastes **other than domestic or "restroom wastes."**

OPERATING AGREEMENT

This Agreement is entered between Delaplain Disposal Company (the Utility), and

USER: NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

In consideration of the services rendered by the Utility, User agrees to be bound by the provisions of the Utility's tariff on file with the Kentucky Public Service Commission.

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**PURSUANT TO 207 KAR 5:011,
SECTION 9 (1)**
**BY: Shirley Bue
SECRETARY OF THE COMMISSION**

DATE OF ISSUE _____
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Month Day Year

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Name of Officer Title

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Address

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Delaplain Disposal Company

For Scott County, Kentucky
P.S.C. Ky. No. _____
First Revised Sheet No. _____
Canceling P.S.C. Ky. No. _____
Original Sheet No. 4.21

**KENTUCKY PUBLIC
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RULES AND REGULATIONS

1. User acknowledges that a violation of the Utility's Industrial/Commercial User Policy as contained in the Utility's tariff permits the Utility to disconnect User's sewer service and recover any damages from User which the Utility may incur as a result of User's violation, including but not limited to any fines or penalties for which Utility may become liable to the Commonwealth of Kentucky or the United States of America.

2. User is authorized to discharge into the System at the following discharge point(s):

3. User shall not exceed the discharge limits set forth in Section 7.0 of the Industrial/Commercial User Policy.

4. User shall monitor the following parameters at the indicated frequency using the indicated sampling method, at the location where the waste stream first enters the Utility's System, as shown on the description required by Section 8.7 of the User Information Form. Reports of monitoring and analysis shall be submitted to the Utility as provided in Section 6.2 of the policy.

SAMPLE TYPE: 24 Hour Composite

Flow	_____	Arsenic, total	_____	Cadmium, total	_____
Chromium, total	_____	Chromium, hexavalent	_____	Copper, total	_____
Iron, total	_____	Lead, total	_____	Mercury, total	_____
Nickel, total	_____	Silver, total	_____	Zinc, total	_____
Barium	_____	Selenium	_____	Magnesium	_____
Manganese	_____	Sulfate	_____	Chloride	_____
Fluoride	_____	Ammonia Nitrogen	_____	Boron	_____

BOD-5	_____	Color	_____
Total Suspended Solids	_____	Total Dissolved Solids	_____

SAMPLE TYPE: Grab

Cyanide, total	_____	Amenable Cyanide	_____	Sulfide	_____
Phenols	_____	PCBs	_____	TTO	_____
pH, S.U.	_____	Oil/Grease, total	_____		

5 Pursuant to Section 5.2 of the policy, the Utility may, upon 30 days notice to Users and the Commission, impose such additional restrictions, conditions, prohibitions, or monitoring requirements upon User as may be required of the Utility by DOW as a condition for maintaining or renewing its Permit. User further agrees to accept such other modifications proposed by Utility as are required of User or the Utility by local, state or federal law or regulation.

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PURSUANT TO KAR 5:011,
SECTION 19.11
BY: Sharon Bue
SECRETARY OF THE COMMISSION

6. User acknowledges its duty to take all reasonable steps to minimize or correct any adverse impact to the System or the environment resulting from its failure to comply with this Agreement and the Utility's tariff, including but not limited to additional or accelerated monitoring as may be necessary to determine the nature and impact of the non-complying discharge.

DATE OF ISSUE _____
Month Day Year

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Month Day Year

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Name of Officer Title Address

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RULES AND REGULATIONS

For Scott County, Kentucky

P.S.C. Ky. No. _____

First Revised Sheet No. _____

Canceling P.S.C. Ky. No. _____

Original Sheet No. 4.22

7. User shall not increase the use of potable or process water or, in any way, attempt to dilute an effluent or discharge as a partial or complete substitute for adequate treatment to achieve compliance with the limitations contained in this Agreement and the Utility's tariff.

8. User shall not by-pass the System unless it is unavoidable to prevent loss of life, personal injury, or severe damage.

9. User shall maintain and operate all facilities and equipment for the treatment and control of wastewater which are installed or used to comply with the policy and this Agreement. If User's facilities or and/or equipment for the treatment of wastewater fails or suffers a reduction in capacity, or if the Utility's system fails, User shall reduce or stop its discharge into the System as necessary until its facilities or equipment or the System is repaired and capable of treating wastewater in compliance with this policy and the Utility's Kentucky Pollutant Discharge Elimination System Permit ("KPDES Permit").

10. User shall dispose of all solids, sludges, backwash, or other pollutants removed in the course of treatment or control of wastewaters in accordance with the Clean Water Act, the Clean Air Act, the Resources Conservation and Recovery Act, and KRS Chapter 224.

11. User shall routinely calibrate, inspect, and maintain all equipment used for sampling and analysis of wastewater. Equipment used for sampling and analysis shall be capable of measuring flows with a maximum deviation of less than 10 percent from true discharge rates throughout the range of expected discharge volumes.

12. User shall include the results of all monitoring done in excess of the requirements of the policy and this Agreement in its monthly reports to the Utility.

13. All reports submitted to the Utility shall contain the following certification and be signed by an authorized representative of user:

I hereby swear under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted, is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including immediate termination of service and the possibility of fines and criminal penalties for knowing violations."

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

CERTIFICATION:

User: _____
By: _____
Title: _____
Date: _____

ACCEPTANCE:

Delaplain Disposal Company
By: _____
Title: _____
Date: _____

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SECTION 9(1)
BY: William O. Bell
SECRETARY OF THE COMMISSION

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Month Day Year

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Month Day Year

ISSUED BY Elbert C. Ray SCC Partner
Name of Officer Title

P.O. Box 4382, Lexington, Kentucky 40544
Address

Delaplain Disposal Company

RULES AND REGULATIONS

11.0 REPORTING FORMS

Users required to monitor wastewater discharge into the system shall use the following forms for reporting to the Utility:

11.1 Self-monitoring Report Form

Delaplain Disposal Company
Self-Monitoring Report Form

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SERVICE COMMISSION**

Date of this report: _____
Company Name: _____
Address: _____
Company Contact: _____
Telephone: _____

Sampling

Collected by: _____
Collection Date: _____ Time: _____
Sample Point Location: _____
Analysis Performed by: _____

Type of Sample _____ Grab _____ Time Composite _____ Hours
_____ Flow Proportional Composite _____ Hours

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Name of Officer Title Address

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RULES AND REGULATIONS

Analysis

Parameter	Unit		Result	Limit	24 Hour Max.
	Avg. Peak	GPD GPD			
Flow					
Arsenic, Tot.		Mg/L			
Cadmium, Tot.		Mg/L			
Chromium, Tot.		Mg/L			
Chromium, Hex.		Mg/L			
Copper, Tot.		Mg/L			
Cyanide, Tot.		Mg/L			
Cyanide, Amen.		Mg/L			
Iron, Tot.		Mg/L			
Lead, Tot.		Mg/L			
Mercury, Tot.		Mg/L			
Nickel, Tot.		Mg/L			
Silver, Tot.		Mg/L			
Zinc, Tot.		Mg/L			
Barium		Mg/L			
Selenium		Mg/L			
Magnesium		Mg/L			
Sulfate		Mg/L			
Sulfide		Mg/L			
Chloride		Mg/L			
Fluoride		Mg/L			
Ammonia Nitrogen		Mg/L			
Phenois		Mg/L			
PCBs		Mg/L			

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Parameter	Unit	Result	Limit	24 Hr. Max.
TTO	Mg/L			
Boron	Mg/L			
PH	S.U.			
Oil/Grease, Tot.	Mg/L			
BOD-5	Mg/L			
Tot. Susp. Solids	Mg/L			
Tot. Disol. Solids	Mg/L			
Color	ADMI			
Temperature	°F			
Tem	°F			
Arsenic	Mg/L			
Silver	Mg/L			

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SECTION 9(1)
BY William O. Bell
SECRETARY OF THE COMMISSION

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Month Day Year

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Month Day Year

ISSUED BY Elbert C. Ray *ECR* Partner
Name of Officer Title

P.O. Box 4382, Lexington, Kentucky 40544
Address

Delaplain Disposal Company

RULES AND REGULATIONS

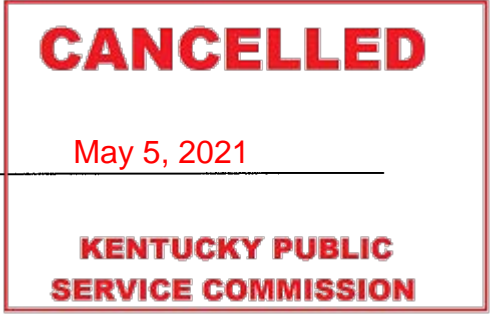
I swear or affirm under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines for knowing violations.

Name Title

Signature Date/Phone

Subscribed and sworn to by _____, Affiant, this ____ day of _____, 19__.
My commission expires _____.

Notary Public



Note: Chain-of-Custody must be attached.

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

Delaplain Disposal Company
P.O. Box 4382
Lexington, KY 40544-4382
Attn.: Self-Monitoring

Special Conditions

- 1. _____
- 2. _____
- 3. _____
- 4. _____

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SECTION 9 (1)
BY: Stephen O. Bell
SECRETARY OF THE COMMISSION

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For Scott County, Kentucky
P.S.C. Ky. No. _____
First Revised Sheet No. _____
Canceling P.S.C. Ky. No. _____
Original Sheet No. 426

Delaplain Disposal Company

RULES AND REGULATIONS

11.2 Chain of Custody Form

DELAPLAIN DISPOSAL COMPANY
INDUSTRIAL/COMMERCIAL USER PROGRAM
CHAIN-OF-CUSTODY

Type of Inspection: Scheduled Unscheduled Demand Self Monitoring

Company: _____ Sample Location _____

Permit Number: _____

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

Sample Collected By (Print): _____ Signature: _____

Reviewed By (Print): _____ Signature: _____

Company Name(Print): _____ Date: _____

Reviewed By (Print): _____ Signature: _____

Company Name(Print): _____ Date: _____

Reviewed By (Print): _____ Signature: _____

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SECTION 9 (1)
BY: Richard Bell
SECRETARY OF THE COMMISSION

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Month Day Year

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Month Day Year

ISSUED BY Elbert C. Ray *ECR*
Name of Officer

Partner
Title

P.O. Box 4382, Lexington, Kentucky 40544
Address

Delaplain Disposal Company

RULES AND REGULATIONS

11.3 Wastewater Contribution Monitoring Report Form

WASTEWATER CONTRIBUTION MONITORING REPORT
FACILITY NAME

Parameter	Freq.	Type	Unit	Limit	Test Result	Test Method	Violation
Arsenic	Quarterly	24 Hour Composite	Mg/l	0.10			
Cadmium	Quarterly	24 Hour Composite	Mg/l	0.05			
Chromium	Quarterly	24 Hour Composite	Mg/l	1.71			
Chromium, Hexavalent	Quarterly	24 Hour Composite	Mg/l	0.10			
Copper	Quarterly	24 Hour Composite	Mg/l	0.60			
Cyanide	Quarterly	Grab	Mg/l	0.50			
Iron	Quarterly	24 Hour Composite	Mg/l	15.0			
Lead	Quarterly	24 Hour Composite	Mg/l	0.20			
Mercury	Quarterly	24 Hour Composite	Mg/l	0.0005			
Nickel	Quarterly	24 Hour Composite	Mg/l	1.0			
Oil/Grease	Quarterly	Grab	Mg/l	100			
Ph, S.U.	Quarterly	Grab	S.U.	6-10			
Silver	Quarterly	24 Hour Composite	Mg/l	0.10			
Zinc	Quarterly	24 Hour Composite	Mg/l	2.0			

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EFFECTIVE

SEP 03 1998

PURSUANT TO 807 KAR 5.011,
SECTION 9 (1)

BY: Richard O. Bae
SECRETARY OF THE COMMISSION

DATE OF ISSUE _____
Month Day Year

DATE EFFECTIVE _____
Month Day Year

ISSUED BY Elbert C. Ray Partner P.O. Box 4382, Lexington, Kentucky 40544
Name of Officer Title Address

Delaplain Disposal Company

RULES AND REGULATIONS

Surcharge Parameters

Parameter	Freq.	Type	Unit	Limit	Test Result	Test Method	Violation
BOD-5	Quarterly	24 Hour Composite	Mg/l	300			
TSS	Quarterly	24 Hour Composite	Mg/l	300			
Ammonia Nitrogen	Quarterly	24 Hour Composite	Mg/l	30			

Date: _____ By: _____ Grab/Comp Both

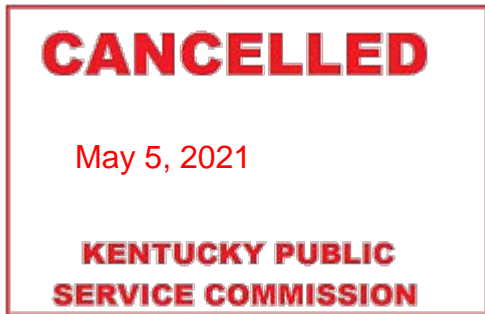
I swear under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the System, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines for knowing violations.

Signed: _____ Title: _____ Date: _____

Subscribed and sworn to by _____, Affiant, this ____ day of _____, 19__.

My commission expires _____.

Notary Public



PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

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RULES AND REGULATIONS

12.0 EXCESS TREATMENT FEE

Users exceeding the discharge limits for BOD, TSS, or Ammonia Nitrogen set forth in Section 7.0 of this policy must obtain the prior Utility approval before making such discharges and shall pay an excess treatment fee in addition to other specified charges. In no event shall a User's 24-Hour Maximum Daily Concentration (mg/l) exceed 400 mg/L for BOD, 400 mg/l for TSS, or 100 mg/L for Ammonia Nitrogen.

Excess treatment fees shall be as follows:

BOD	\$1.78 per pound in excess of Section 7.0 discharge limit
TSS	\$1.78 per pound in excess of Section 7.0 discharge limit
Ammonia Nitrogen	\$8.36 per pound in excess of Section 7.0 discharge limit

CANCELLED

May 5, 2021

**KENTUCKY PUBLIC
SERVICE COMMISSION**

PUBLIC SERVICE COMMISSION
OF KENTUCKY
EFFECTIVE

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