AMENDMENT OF SOLICITA		1. CONTRACT	ID CODE	PAGE O	F PAGES					
AMENDMENT OF SOCIETY						1	2			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.			5. PROJECT NO.(Ifapplicable)					
P00089	17-Apr-2023	SEE SCHEDULE								
6. ISSUED BY CODE	W9124D	7. ADMINISTERED BY (Ifother than item 6)		COI	DE					
MISSION AND INSTALLATION CONTRACTING CMD MICC FORT KNOX BLDG 1109B STE 250 199 6TH AVE FORT KNOX KY 40121-5720		See Item 6								
8. NAME AND ADDRESS OF CONTRACTOR (HARDIN COUNTY WATER DISTRICT 1	No., Street, County, S	tate and Zip Code)		9A. AMENDM	ENT OF SOL	ICITATI	ON NO.			
1400 ROGERSVILLE RD RADCLIFF KY 40160-9343		9B. DATED (SEE ITEM 11)								
X 10A. MOD. C W9124D-05-							NO.			
CODE 316V9	FACILITY COD	E	Х	10B. DATED (30-Sep-2004	SEE II EM I	3)				
		E PPLIES TO AMENDMENTS OF SOLI	CIT.							
The above numbered solicitation is amended as set forth	in Item 14. The hour and o	late specified for receipt of Offer		is extended,	is not extend	led.				
Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegramor letter, provided each telegramor letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.										
12. ACCOUNTING AND APPROPRIATION DA	TA (If required)									
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT S/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.										
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.										
B. THE ABOVE NUMBERED CONTRACT/O office, appropriation date, etc.) SET FORT	H IN ITEM 14, PURS	SUANT TO THE AUTHORITY OF FA			as changes in	paying				
X C. THIS SUPPLEMENT AL AGREEMENT IS FAR 52.241-7: Change in Rates or Terms and										
D. OTHER (Specify type of modification and a	authority)									
E. IMPORTANT: Contractor X is not,	E. IMPORTANT: Contractor X is not, is required to sign this document and return copies to the issuing office.									
DESCRIPTION OF AMENDMENT/MODIFI- where feasible.) Modification Control Number: stjohnk234 Waster Water - Fort Knox, KY The purpose of this modification is to incorpora requires that all UP System Owners (SOs) ob compatible with those the Army uses to assess	ate the Annual Conditi jectively assess their	on Assessment Reporting Requiremen	nt in	to this contract.	. The Army n	W				
Except as provided herein, all terms and conditions of the do	cument referenced in Item 9	A or IOA as heretofore changed remains uncha	n øed	and in full force and	effect					
15A. NAME AND TITLE OF SIGNER (Type or		16A. NAME AND TITLE OF CO	NT	RACTING OF FI	HK (Type	r pr n ()				
, , , ,	- /	KERRY A. ST JOHN / CONTRACTING OFFI TEL: 502.624.5846	CER	EMAIL: kerry.a.stjo	`	ΞIV				
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AME	RIC	(Jasu		/ <mark>2023</mark>				
(Signature of person authorized to sign)		(Signature of Contracting Of	fice	· /	00141	-\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N.I			
EXCEPTION TO SF 30 APPROVED BY OIRM 11-84	3	0-105-04		Pres	ANDARD FO scribed by (15, R (48 CFR) 5	MTUCK	ev. 10-83)			

SECTION SF 30 BLOCK 14 CONTINUATION PAGE

SUMMARY OF CHANGES

SECTION J - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACHMENTS

The following have been added by full text:

ANNUAL ASSESSMENT REPORTING

A new deliverable will be provided to the Government on an annual basis due by 30 September each year.

Annual Condition Assessment Reporting Requirement:

Attachment A: UP System Condition Self-Attestation.docx- Template Attachment B: Copy of Privatized Utilities – ISR Template V3.xlsx

(End of Summary of Changes)



5/30/2023

PUBLIC SERVICE COMMISSION OF KENTUCKY

<company name=""> <street address=""> <suite, building,="" mailstop=""> <city, state,="" zip=""></city,></suite,></street></company>	
Subject: System Condition Assessment of [System T Number]	ypes] at [Installation] under [Contract
Dear [Administrative Contracting Officer]:	
[Company Name] is submitting this statement in responsible Number] to provide annual system assessments of its Name] has assessed both the condition and function of in compliance with the instructions contained within the accuracy and completeness of the assessment based	privatized utility infrastructure. [Company of its [system types] at [installation name] are reporting template and affirms the
Print Name	Title
Signature Phone:	 Date

Email:

RECEIVED

5/30/2023

PUBLIC SERVICE COMMISSION OF KENTUCKY

[Installation Name] Electric Distribution System Assessment - [Year]								
	Category	Category Code	Average Age	Average Design Life	CONDITION		FUNCTION	Comments

RECEIVED

5/30/2023

PUBLIC SERVICE COMMISSION OF KENTUCKY