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|  | | **KENTUCKY POLLUTANT DISCHARGE**  **ELIMINATION SYSTEM**  **Combined Sewer Overflow (CSO)**  **Annual Report**  **For Publicly Owned Treatment Works** | | | |
| REPORT for CALENDAR YEAR:  The submission of a Combined Sewer Overflow (CSO) Annual Report for each calendar year is a required condition of Kentucky Pollutant Discharge Elimination System (KPDES) permits that have combined sewers. This form may be used to comply with that requirement.  Unless a different due date exists in the facility’s KPDES permit, a typed and complete CSO Annual Report must be received by March 1st of the year following the report year. For example, the calendar year 2025 CSO Annual Report is due by March 1, 2026. All entries must be filled out completely, or the report will be considered deficient. The Division of Water prefers a single .pdf file submitted by email to [SWPBsupport@ky.gov](mailto:SWPBsupport@ky.gov). Please identify the submittal type by choosing a subject line of “DOW CSO Annual Report.”  A paper report may also be submitted to:  Division of Water  Surface Water Permits Branch  300 Sower Blvd.  Frankfort, KY 40601  Failure to submit the report by the deadline may result in enforcement action, and the control authority may be considered to be in significant noncompliance.  Should you have any questions, please contact the Municipal Section Supervisor at 502-564-3410, or email support staff at [SWPBsupport@ky.gov](mailto:SWPBsupport@ky.gov). | | | | | |
| **I. PERMITTEE INFORMATION** | | | | | |
| 1. Name of Permittee: | | | | | |
| 1. Wastewater Treatment Plant Name: | | | KPDES Number: | | County: |
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| **II. CSO PROGRAM CONTACT INFORMATION** | | | | | |
| 1. Name: | | | | | |
| 1. Title: | | | | | |
| 1. Phone: | | | | | |
| 1. E-mail Address: | | | | | |
| 1. Mailing Address: | | | | | |
| 1. Street: | | | | | |
| 1. City: | 1. State: | | | 1. Zip Code: | |

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| **III. CSOs ACTIVE DURING THE REPORTING PERIOD** | | | | | |
| 1. List all CSO1 outfalls that were active2 at any time during the reporting period. Say whether each outfall was active2 or eliminated3 at the beginning and at the end of the reporting period. | | | | | |
| *CSO No.4* | *CSO Name5* | | *Status on January 1* | *Status on December 31* | *Changes to CSO? (Y/N)* |
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| 1. For each CSO listed above that has a different status at the beginning and the end of the reporting period, describe the changes to the CSO status. Reference or attach supporting documentation such as permit applications, permits, or approval letters. If a *CSO Outfall Elimination Certification* form was submitted to DOW prior to the end of the reporting period, list the date it was submitted and the approval date, if approved by DOW. | | | | | |
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| 1. For each CSO listed above that has changes to CSO, describe the changes to the CSO components or operation. Examples of changes are modifications or removal of regulators, storage facilities, screening facilities, disinfection facilities, devices to prevent intrusion of receiving water such as flap gates or Tideflex valves, or monitoring equipment such as SCADA, real time control, and flowmeters. | | | | | |
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| **Notes:** | | | | | |
| 1. “CSO” means a Combined Sewer Overflow that is a permitted outfall listed on the active KPDES permit and in EPA’s ICIS program as a Permitted Feature. 2. “Active” means that the CSO regulator and outfall were capable of discharging sanitary or combined sewage (whether or not any discharge occurred) and were not plugged or elminated at any time during the reporting period. This does not include any CSO outfall that has been converted to discharge only separate storm water prior to the beginning of the reporting period. All CSOs are considered “active” until a CSO Outfall Elimination Certification form has been submitted to DOW and approved. 3. “Eliminated” means that the CSO regulator and outfall were physically incapable of discharging sanitary or combined sewage. This includes a CSO outfall that has been converted to discharge only municipal separate storm water prior to the beginning of the reporting period. All CSOs are considered “active” until a CSO Outfall Elimination Certification form has been submitted to DOW and approved. | | | | | |
| 1. “CSO No.” means the KPDES CSO No. listed on the active KPDES permit for each Combined Sewer Overflow outfall and in EPA’s ICIS program as a Permitted Feature. 2. “CSO Name” means CSO Name listed on the active KPDES permit for each Combined Sewer Overflow outfall and in EPA’s ICIS program in the Permitted Feature Description or Limit Set Name. | | **Comments:** | | | |

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| **IV. NINE MINIMUM CONTROLS** | | | |
| 1. For each Nine Minimum Control, list all the activities that were implemented during the reporting period. Describe the benefits achieved by implementing each activity for specific CSOs and/or system-wide. | | | |
| *Nine Minimum Control* | *Activities Implemented During the Reporting Period* | | *Descriptions of Benefits Achieved* |
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| Proper Operation and Maintenance Programs |  | |  |
| Maximize Use of Collection System for Storage |  | |  |
| Pretreatment Program to Minimize CSO Impacts |  | |  |
| Maximize Flow to WWTP  for Treatment |  | |  |
| No Dry Weather Overflows |  | |  |
| Control of Solids and Floatables in CSO Discharges |  | |  |
| Pollution Prevention to Minimize CSO Impacts |  | |  |
| Public Notification of CSO Occurrences and Impacts |  | |  |
| Monitoring for CSO Impacts and Performance of CSO Controls |  | |  |
| 1. For any activities in the approved NMC Compliance Report that were not implemented during the reporting period, please explain why the activities were not implemented. | | | |
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| 1. Provide additional details of any activities listed in the table that were not in the approved NMC Compliance Report. | | | |
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| **Notes:** | | | |
| 1. “CSO” means a Combined Sewer Overflow that is a permitted outfall listed on the active KPDES permit and in EPA’s ICIS program as a Permitted Feature. | | **Comments:** | |
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| **V. LONG-TERM CONTROL PLAN (LCTP)** | | | | |
| 1. For each CSO control project included in the approved Long Term Control Plan (and any subsequent modifications to the LTCP), list the project name and ID number and completion date as listed in the approved LTCP, actions on the project during the reporting period, actions planned to be taken on the project during the next reporting period, and status of the project at the end of the reporting period (for example, Future, Design, Construction, Completed with completion date). | | | | |
| *LTCP Project ID and Name* | *Approved Completion Date* | *Actions Taken During Reporting Period* | *Actions Planned During Next Reporting Period* | *Status at End of Reporting Period* |
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| 1. Describe any changes in the project name, description, scope, or completion date from the approved LTCP. Changes to the project from what is in the approved LTCP and modifications require written notification to KDEP, and may require written approval. | | | | |
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| 1. Attach a copy of the project table and Gantt chart, if available, from the approved LTCP. | | | | |

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| **Notes:** | |
| 1. “CSO” means a Combined Sewer Overflow that is a permitted outfall listed on the active KPDES permit and in EPA’s ICIS program as a Permitted Feature. | **Comments:** |
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| **VI. CSO DISCHARGES** | | | | |
| 1. Annual Totals of CSO Discharges   List the totals for the reporting period for each CSO listed in section III.A of this report. These parameters are listed on your KPDES permit to be monitored for each permitted CSO, and are reported monthly in netDMR. In the last column, list all methods used for monitoring each parameter. If the monitoring was not continuous, provide the frequency that monitoring was done for each discharge event. | | | | |
| *CSO No.3* | *Occurrences*  *(number per year)* | *Volume*  *(million gallons per year)* | *Duration*  *(hours per year)* | *Monitoring Method and Frequency* |
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| **Notes:** | |
| 1. This form must be completed even if information has been submitted to meet other KPDES permit requirements. 2. “CSO No.” means the KPDES CSO No. listed on the active KPDES permit for each Combined Sewer Overflow outfall and in EPA’s ICIS program as a Permitted Feature. 3. Include only CSO discharges that occurred as a result of precipitation. Do not include dry weather overflows. 4. These totals should equal the sum of results reported on the 12 DMRs for the reporting period. If they do not match, explain in the Comments box. | **Comments:** |
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| **VI. CSO DISCHARGES** | | | | |
| 1. Individual CSO Discharge Events   List each discharge event that occurred during the reporting period for each CSO listed in section III.A of this report. Include all discharges that occurred as a result of precipitation events. | | | | |
| *CSO No.3* | *Start and Stop Date/Time* | *Duration*  *(hours:minutes)* | *Volume Discharged*  *(gallons or million gallons)* | *Cause* |
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| **Notes:** | |
| 1. This form must be completed even if information has been submitted to meet other KPDES permit requirements. 2. “CSO No.” means the KPDES CSO No. listed on the active KPDES permit for each Combined Sewer Overflow outfall and in EPA’s ICIS program as a Permitted Feature. 3. Discharge events should be listed in chronological order. For discharges from multiple CSOs that occurred at the same time, list the CSOs in order by CSO No. for each date/time. | **Comments:** |
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| **VI. CSO DISCHARGES** | | | | |
| 1. Dry Weather Overflow Events   List each discharge event that occurred during the reporting period for each CSO listed in section III.A of this report during dry weather or not as a result of a precipitation event. | | | | |
| *CSO No.3* | *Start and Stop Date/Time* | *Duration*  *(hours:minutes)* | *Volume Discharged*  *(gallons or million gallons)* | *Cause* |
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| **Notes:** | |
| 1. This form must be completed even if information has been submitted to meet other KPDES permit requirements. 2. “CSO No.” means the KPDES CSO No. listed on the active KPDES permit for each Combined Sewer Overflow outfall and in EPA’s ICIS program as a Permitted Feature. 3. Discharge events should be listed in chronological order. For discharges from multiple CSOs that occurred at the same time, list the CSOs in order by CSO No. for each date/time. | **Comments:** |
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| **VII. PRECIPITATION** | | | |
| 1. Annual Total Precipitation   List the totals for precipitation for the reporting period.  Total number of precipitation events       Total depth of precipitation (inches) | | | |
| 1. Precipitation Events   List each precipitation event that may have impacted the combined sewer system during the reporting period. Provide the location of each rain gauge or describe the source of the precipitation information. | | | |
| *Start and Stop Date/Time* | *Duration*  *(hours:minutes)* | *Rainfall Depth (inches)* | *Source* |
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| **Notes:** | |
| 1. This form must be completed even if information has been submitted to meet other KPDES permit requirements. 2. Precipitation events should be listed in chronological order. | **Comments:** |
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| **VIII. CERTIFICATION STATEMENT1** | | | |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 the possibility of fine and imprisonment for knowing violations. | | | |
| 1. Name:   Mr.  Ms. | | | |
| 1. Title: | | | |
| 1. Phone: | | | |
| 1. Email: | | | |
| 1. Mailing Address: | | | |
| 1. Street: | | | |
| 1. City: | 1. State: | | 1. Zip Code: |
| 1. Signature 2: | | 1. Date: | |
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| **Notes:** | |  | |
| 1. Federal and state statutes provide for severe penalties for submitting false information in this report. Federal and state regulations require this report to be signed by a principal executive officer, ranking elected official or other duly authorized employee. The duly authorized employee must be an individual or position having responsibility for the overall operation of the combined sewer system, collection system or wastewater treatment plant. 2. The DOW considers both hand-signed and electronically signed forms acceptable. | | | |