

REQUIRED FORM OUTPUT: (Sections IV and V)

Section IV. Identification of potential measures to reduce nutrient effluent discharge.
Identify potential measures (separated into: Source Reduction Measures, Operational Improvement Measures, Unit Process Configuration Improvement Measures and Additional Treatment Measures) to achieve the target effluent discharge values for TP and TN. The target TP value is ≤ 1.0 mg/l avg. monthly concentration. The target TN value is ≤ 10 mg/l avg. monthly concentration. In addition, identify the associated estimated capital and annual operating and maintenance costs and reasoning for the annual cost (electric cost, time, chemical cost, etc.)

Source Reduction Measures:

Identify Measure:	Capital Cost:	Annual O&M Cost:	Reasoning:

Operational Improvement Measures:

Identify Measure:	Capital Cost:	Annual O&M Cost:	Reasoning:

Unit Process Configuration Improvement Measures:

Identify Measure:	Capital Cost:	Annual O&M Cost:	Reasoning:

Additional Treatment Measures:

Identify Measure:	Capital Cost:	Annual O&M Cost:	Reasoning:

Section V. Identification of selected measures to reduce nutrient effluent discharge.

From the potential measures identified in Section IV, identify the measure(s) selected by the permittee to achieve the target nutrient effluent discharge values.

If the targets cannot be met:

- Identify any difficulties or problems believed to interfere with the facility's ability to achieve the target nutrient effluent discharge values, and
- Identify the measures that can be taken and the target nutrient effluent discharge value for these measures.

For each measure selected identify the estimated timeframe necessary to fully implement the measure.

Empty response area for identifying selected measures and implementation timeframes.

Section VI. Certification

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 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, 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.

NAME:	OFFICIAL TITLE:
SIGNATURE:	DATE SIGNED:
TELEPHONE NO.	EMAIL:

Return completed form and attachments to:

Division of Water
Surface Water Permits Branch
300 Sower Boulevard, 3rd Floor
Frankfort, KY 40601

Direct questions to: Surface Water Permits Branch at (502) 564-3410