Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

MSD

June 25, 2008

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

RE: Cedar Creek Treatment Plant, KPDES No: KY0098540
Discharge Monitoring Report
May 2008

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR), the Monthly Operating Report (MOR), and the quarterly Bio-monitoring Report for the Cedar Creek Wastewater Treatment Plant, KPDES No.: KY0098540 for the month of May 2008. Also attached are the Discharge Reports for May 2008.

If you have any questions concerning the attached DMR's, please contact me at (502) 239-7695.

Sincerely,

James E. Porter Jr.
Process Supervisor Central Region

JEP/Cedar Creek 0508.doc

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
R. Shaw

NAME OF TREATMENT PLANT CEDAR CREEK WTP COUNTY JEFFERSON MONTH OF: May 2008

KPDES PERMIT NUMBER KY0098540 PLANT CAPACITY 7.5 MGD RECEIVING STREAM CEDAR CREEK

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH		SETTLEABLE SOLIDS (mg/L)			DISSOLVED OXYGEN (mg/L)			SUSPENDED SOLIDS (mg/L)			5 DAY CBOD (mg/L)			ACTIVATED SLUDGE			AERATION BASIN					SLUDGE HANDLING						FINAL	
		GRIT REMOVED (CUBIC FEET)	SCREENINGS (CUBIC FEET)	RAW	FINAL	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	STREAM ABOVE	FINAL EFFLUENT	STREAM BELOW	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	RETURN GAL/DAY X 1000	RETURN MLSS x1000	WASTED GAL/DAY X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME 30 MIN.	SETTLED SLUDGE VOLUME 60 MIN.	RAW GALLONS X 1000	RAW % DRY SOLIDS	RAW % VOLATILE SOLIDS	HAULED % DRY SOLIDS	HAULED % VOLATILE SOLIDS	HAULED WITHDRAWN GALLONS X 1000	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
1	2.96	3	3	7.0	7.1			9.0		9.0								4419	6830	560	4.5	3355	2595	350	300								
2	6.69			7.0	7.1			9.2		9.2								4510	4380	580	5.2	2945	2525	370	340								
3	12.23			7.1	7.0			9.0		9.0								4182		380	5			320	300								
4	4.20			7.0	7.1			9.4		9.4		85		2	54		3	4458		420	5.2			280	240							0.06	3
5	4.55			6.9	7.0	12.0		9.0		9.0		105		3	57		3	5077	6140	590	5.4	3545	2870	380	350							0.06	10
6	3.53			7.4	7.6	5.0		9.2		9.2		113		4	50		3	4520	8510	608	5	3840		400	370							0.06	3
7	4.25			7.1	7.3	8.0		9.3		9.3								4539	7680	694	5.1	3685	2605	400	360								
8	6.86	3	3	7.0	7.2			9.2		9.2								4820	7030	650	5.3	3310	2895	380	360								
9	6.74			7.0	7.4			9.6		9.6								4887	9170	539	5.4	4075	2975	300	290								
10	4.31			7.0	7.2			9.3		9.3								4554		669	5.7			320	300								
11	7.53			7.1	7.2			9.2		9.2		79		3	40		3	4565		271	5.5			300	290							0.06	3
12	5.44			7.1	7.3	7.0		9.4		9.4		49		2	43		3	4461	8570	320	5.8	3155	2265	320	280							0.06	3
13	4.48			7.0	7.2	8.0		9.4		9.4		85		2	53		3	4493	8640	580	5.6	3680	2710	300	280							0.06	3
14	7.07			7.1	7.1	10.0		9.2		9.2								4501	7040	625	5.8	3880	2660	300	270								
15	10.29	3	3	7.0	7.0			9.4		9.6								4540	6750	630		3295	2295	280	260								
16	9.07			7.1	7.0			10.0		10.0								4383	6160	300	7.3	1910	1345	210	200								
17	7.01			7.1	7.2			10.0		10.0								4689		120	5.8												
18	5.46			7.0	7.1			9.6		9.6		81		3	57		3	4658		480	5.5			280	250							0.06	3
19	4.93			7.0	7.1	8.0		9.4		9.4		49		3	29		3	4276	7880	580	5.4	3980	3080	300	280							0.06	3
20	4.62			7.1	7.1	12.0		9.2		9.2		106		2	67		3	4399	6060	640	5	3710	2250	300	280							0.06	3
21	3.82			7.1	7.0	14.0		9.4		9.4								3754	8060	600	5.2	3155	2675	300	270								
22	3.96	3	3	7.0	7.1			9.0		9.2								3459	6110	582	5.3	3325	2840	310	270								
23	3.63			7.0	7.0			9.1		8.3								3456	4200	672	4.6	3385	2535	310	270								
24	3.50			7.0	7.0			9.0		9.1								3458		711	4.5			300	270								
25	3.15			7.1	7.0			8.6		9.0								3356		609	4.1			300	260								
26	3.44			7.0	7.1	12.0		9.2		8.6		19		2	149		3	3372		603	3.2			320	270							0.06	3
27	3.84			7.0	7.1			9.0		9.2		147		2	51		3	3500	6380	610	4.2	3240	2495	320	270							0.06	3
28	4.09			7.1	7.0	14.0		8.8		9.0		105		2	60		3	3455	6710	580	5.2	3320	2690	350	280							0.06	3
29	3.91	3	3	7.0	7.1	12.0		8.9		8.8								3418	6820	490	5.9	3180	2510	340	280								
30	2.79			7.1	7.0			8.8		9.0								3399		510	5.4	4350		350	290								
31	3.37			7.0	7.1			8.9		8.9								3338		602	5.8			350	290								
Tot.		15	15															1E+05														
Avg.		3	3	7.0	7.1	10.2		9.2		9.2		85		2	59		3	4158	6956	542.1	5.23	3444	2569	321.3	287.3							0.06	3

RESIDENTIAL

COMMERCIAL

INDUSTRIAL 0

INDUSTRIAL WASTE POPULATION EQUIVALENT

FLOW CBOD TSS OPERATOR CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD CEDAR CREEK STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD CEDAR CREEK STP
LOCATION LOUISVILLE KY
ATTN. DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

KY0078540	001 Y
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	04	01	TO	08	08	30

MAJOR
(SUBR LY)
F - FINAL JEFFE
METALS/BIOMONITORING/QUARTERLY
EFFLUENT
*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HARDNESS, TOTAL (AS CACO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	344	344	(19)	0	1/91	COMP-C
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM, DISSOLVED (AS CD) 01025 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.0001	0.0001	(19)	0	1/91	COMP-C
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER, DISSOLVED (AS CU) 01040 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.002	0.002	(19)	0	1/91	COMP-C
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD, DISSOLVED (AS PB) 01049 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.005	0.005	(19)	0	1/91	COMP-C
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC, DISSOLVED (AS ZN) 01090 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.0187	0.0187	(19)	0	1/91	COMP-C
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.0192	0.0192	(19)	0	1/91	COMP-C
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.001	0.001	(19)	0	1/91	COMP-C
	PERMIT REQUIREMENT	******	****** **** ****		******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
H. E. SCHROEDER JR. EXECUTIVE DIRECTOR	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.	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502	540-6000	08	06	26

COMMENTS AND EXPLANATION OF ANY VIOLATIONS ***(Reference all attachments here)***

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME MSD CEDAR CREEK STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD CEDAR CREEK STP
LOCATION LOUISVILLE KY
ATTN. DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

PERMIT NUMBER	DISCHARGE NUMBER
KY0098540	001 Y

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	04	01	TO	08	06	30

MAJOR
(SUBR LV)
F - FINAL JEFFE
METALS/BIOMONITORING/QUARTERLY
EFFLUENT
*** NO DISCHARGE |__| ***

Form Approved.
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LEAD TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	0.005	0.005	(19)	Ø	1/91	Comp
01114 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	0.002	0.002	(19)	Ø	1/91	Comp
01119 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS	SAMPLE MEASUREMENT	******	******		******	******	<1.00	(20)	Ø	1/91	Comp
61406 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	CHRONC TOXCTY		QTRLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. Schardein Jr.
Executive Director
TYPED OR PRINTED

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.

[signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	08	06	26
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS ***(Reference all attachments here)***

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD CEDAR CREEK STP
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8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD CEDAR CREEK STP
LOCATION LOUISVILLE KY
ATTN: DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

KY0098540	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	03	05	01	TO	03	05	31

MAJOR
(SUBR LV)
F - FINAL
NEW EXPANSION
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFFI

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		8.6	******	******	(19)	0	3/7	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	7.0 INST MIN	******	******	MG/L		THREE/ WEEK	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.0	******	7.6	(12)	0	3/7	GRAB
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		THREE/ WEEK	
SOLIDS, TOTAL SUSPENDED 00530 9 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	3270.55	3452.40	(26)	******	85.00	101.00	(19)	0	3/7	COMPOS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/ WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	96.02	117.96	(26)	******	2.00	3.00	(19)	0	3/7	COMPOS
	PERMIT REQUIREMENT	1875 MO AVG	2815 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		THREE/ WEEK	
NITROGEN, AMMONIA TOTAL (AS N) 00610 9 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	498.61	534.44	(26)	******	13.2	17.1	(19)	0	3/7	COMPOS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/ WEEK	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.14	2.67	(26)	******	0.06	0.06	(19)	0	3/7	COMPOS
	PERMIT REQUIREMENT	250 MO AVG	375 MX WK AV	LBS/DY	******	4 MO AVG	6 MX WK AV	MG/L		THREE/ WEEK	
PHOSPHORUS, TOTAL (AS P) 00665 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.95	12.21	(26)	******	0.20	0.41	(19)	0	3/7	COMPOS
	PERMIT REQUIREMENT	63 MO AVG	94 MX WK AV	LBS/DY	******	1.0 MO AVG	1.5 MX WK AV	MG/L		THREE/ WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
H.J. SCHROEDER JR EXECUTIVE DIRECTOR TYPED OR PRINTED	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 502	NUMBER 540-6000	YEAR 03	MO 06	DAY 04

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*

02259/0

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD CEDAR CREEK STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD CEDAR CREEK STP
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ATTN: DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

KY0098540	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	05	01	TO	02	05	31

MAJOR
(SUBR LV)
F - FINAL
NEW EXPANSION
EFFLUENT
*** NO DISCHARGE ( ) ***

JEFFI

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.22	12.23	(03)	*******	*******	*******		Ø	2/1	24
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		*******	3.00	4.00	(13)	Ø	3/7	GRAB
	PERMIT REQUIREMENT	******	****** ****	****	*******	200 30DA GEO	400 #/ 7 DA GEO	100ML		THREE/ WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C 80082 5 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	219.15	265.56	(26)	*******	59.0	87.0	(19)	Ø	3/7	24HR
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/ WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	116.99	145.53	(26)	*******	3.00	2.00	(19)	Ø	3/7	24HR
	PERMIT REQUIREMENT	625 MO AVG	939 MX WK AV	LBS/DY	*******	10 MO AVG	15 MX WK AV	MG/L		THREE/ WEEK	COMPOS
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		89.7	*******	*******	(23)	Ø	1/21	CALC
	PERMIT REQUIREMENT	******	****** ****	****	85 MO MIN	*******	****** PER-	CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL H1011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		89.5	*******	*******	(23)	Ø	1/21	CALC
	PERMIT REQUIREMENT	******	****** ****	****	85 MO MIN	*******	****** PER-	CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
H.J. SCHNEIDER JR.	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.	AREA CODE	NUMBER	YEAR	MO	DAY
EXECUTIVE DIRECTOR	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502	540-6000	02	06	24
TYPED OR PRINTED						

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*