



MSD

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

August 22, 2007

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

RE: West County Treatment Plant, KPDES No: KY0078956
Discharge Monitoring Report
July 2007

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) for the West County Wastewater Treatment Plant, for the month of July 2007.

If you have any questions concerning the attached DMR's, please contact me at (502)540-6031.

Sincerely,

Kevin D. Ries
Process Supervisor, West Region

KDR/West County 1206.doc

Enclosures

cc: P. Burgin
T. Singleton
R. Shaw



*Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com*



MSD

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

August 22, 2007

Mr. Michael Mudd
Kentucky Division of Water
9116 Leesgate Rd.
Louisville, Kentucky 40222

RE: West County Treatment Plant, KPDES No: KY0078956
Discharge Monitoring Report
July 2007

Dear Mr. Mudd:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) report for the West County Wastewater Treatment Plant, for the month of July 2007.

If you have any questions concerning the attached DMR's, please contact me at (502)540-6031.

Sincerely,

Kevin D. Ries
Process Supervisor, West Region

KDR/West County 0507.doc



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Name of Sewage Treatment Plant: West County WTP County Jefferson Month of: July 2007

KPDES Permit Number: KY0078956 Plant Capacity: 30 MGD Receiving Stream: Ohio River

Date	Total Flow (MG)	Raw Sewage		pH		Settleable Solids (mL/L)			Dissolved Oxygen (mg/L)			Suspended Solids (mg/L)			Total Solids (mg/L)			5-day BOD (mg/L)			Activated Sludge			Aeration Basin					Dig Sludge		Final				
		Grit Removed (cu ft)	Screenings (cu ft)	Raw	Final	Raw	Primary (or Sec.)	Final	Stream Above	Final	Stream Below	Raw	Primary (or Sec.)	Final	Raw	Primary (or Sec.)	Final	Raw	Primary (or Sec.)	Final	Million Gal/Day	MLSS mg/L X 1000	Gal/Day X 1000	Oxygen (mg/L) #1	Oxygen (mg/L) #2	MLSS (mg/L) X1000 #1	MLVSS (mg/L) X1000 #1	30 min. Setts.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform /Col./100ml
1	17.30			7.2	7.4				4.7		254	8		306		32		3320							1160	910	90.0	0.08			10.50	0.01	8.12	2	
2	16.83			7.2	7.2				5.7		274	7		311		23		3220							1310	1020	90.0	0.07				0.01	9.02	1	
3	18.08			7.2	7.2				5.7		270	10		323		20		3480							1240	990	90.0	0.07				0.01	8.00	6	
4	16.82			6.9	7.1				5.2		246	6		387		23		3970							1420	1090	100.0	0.07	1.61			0.01	6.38	3	
5	20.40			7.2	7.2				5.0		334	6		305		33		3920							1410	1130	100.0	0.07				0.01	7.67	1	
6	17.50			7.2	7.3				5.4		254	5		312		19		3780							1290	1030	110.0	0.09				0.01	6.00	3	
7	16.60			7.2	7.3				5.1		150	5		359		18		3290							1350	1080	120.0	0.09				0.01	6.00	2	
8	16.41			7.3	7.3				4.9		314	5		399		23		3480							1430	1070	100.0	0.07			8.09	0.01	6.38	1050	
9	16.57			7.3	7.3				5.9		256	4		300		14		3650							1450	1120	120.0	0.08				0.01	7.00	1	
10	17.44			7.2	7.2				5.8		296	4		281		10		3640							1360	1070	120.0	0.09	1.54			0.01	7.28	2	
11	18.49			7.2	7.3				5.2		312	5		273		8		3700							1380	1070	120.0	0.09				0.01	6.83	4	
12	18.33			7.1	7.2				6.1		352	5		298		14		3600							1420	1090	110.0	0.08				0.01	6.66	1	
13	16.71			7.2	7.3				5.8		194	4		176		6		4140							1390	1070	110.0	0.08				0.01	5.99	1	
14	16.29			7.2	7.3				5.3		386	5		323		12		3800							1310	990	110.0	0.08				0.01	7.17	1	
15	17.44			7.1	7.3				5.0		282	5		344		17		4090							1390	1090	110.0	0.08			9.02	0.01	8.62	3	
16	15.72			7.1	7.2				4.5		216	5		271		13		3690							1310	1070	120.0	0.09				0.01	7.50	2	
17	17.31			7.1	7.3				5.0		268	5		258		11		3590							1230	970	100.0	0.08	1.46			0.01	7.28	3	
18	17.46			7.1	7.3				4.9		254	5		253		9		3440							1260	990	100.0	0.08				0.01	6.89	66	
19	25.74			7.1	7.3				4.9		318	9		295		17		3590							1240	960	100.0	0.08				0.01	7.45	1	
20	22.35			7.3	7.3				4.1		114	8		192		12		4860							1130	860	80.0	0.07				0.01	5.00	1	
21	19.07			7.3	7.4				6.1		148	5		218		8		5040							1440	1080	100.0	0.07				0.01	6.00	204	
22	17.80			7.4	7.5				5.8		246	5		258		12		3830							1460	1100	100.0	0.07			7.90	0.01	6.27	1	
23	17.27			7.4	7.3				5.1		226	5		242		10		3750							1290	950	100.0	0.08				0.01	6.72	2	
24	16.84			7.4	7.3				5.0		226	5		201		12		3580							1350	1050	100.0	0.07	1.07			0.01	6.89	9	
25	17.12			7.2	7.3				5.7		290	5		210		9		3680							1360	1090	100.0	0.07				0.01	6.89	6	
26	16.59			7.1	7.3				5.1		258	5		219		9		3580							1380	1080	100.0	0.07				0.01	7.39	6	
27	0.00			7.1	7.3						368	7		276		11		3720							1430	1060	100.0	0.07				0.01	8.12	6	
28	20.20			7.1	7.3				4.6		194	7		157		11		4350							1340	1050	100.0	0.07				0.01	8.57	9	
29	18.28			7.1	7.3				4.3		178	5		178		11		4230							1430	1100	100.0	0.07			11.00	0.01	8.96	2	
30	17.90			7.1	7.3				4.5		418	9		277		13		3890							1570	1210	100.0	0.06				0.01	9.46	8	
31	16.82			7.1	7.4				5.1		222	5						4720							1290	1020	80.0	0.06				0.01	10.10	10	
Total	537.7	0	0						5.2		282	6						3826.6			0.0	0.0				1349.03	1047.10	102.58	0	1.42	9.30	0.01	7.31	4	
Avg.	17.34			7.2	7.3				5.2		282	6		273		16		3826.6							1349.03	1047.10	102.58	0	1.42	9.30	0.01	7.31	4		

Total Number of Sewer Connections: 0
 Residential Connections: _____
 Commercial Connections: _____
 Industrial Connections: _____
 Sewer Connections X 4 = 0

Industrial Waste Population Equivalent
165186 Flow 232636 BOD 180383 TSS

Operator: Ibn Green
 Cert. #: 16155
 Phone #: 502 540-6042

NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: July 2007
 Average Flow 17.92 MGD

Weather Data				Remarks
Date	High	Low	Rainfall	
1			0.00	
2			0.00	cleaned/ hosed clarifiers
3			0.00	ordered a load of hypo
4			0.00	
5			0.00	Contractors working on adding chemical to sludge holdin tank for H2S
6			0.00	
7			0.00	load of hypo delivered on plant
8			0.00	put #3 bar screen back i/s in auto.
9			0.00	maint. Working on bisulf. Pumps
10			0.65	load of hypo delivered on plant
11			0.00	
12			0.00	draining #5 clarifier for maint. Repairs
13			0.00	ordered a load of bisulfite
14			0.00	
15			0.00	
16			0.00	flushed force main with 1A pump
17			0.40	cleaned/ hosed clarifiers
18			0.00	API cleaning and vactoring #5 clarifier
19			1.70	load of hypo delivered on plant
20			0.00	
21			0.00	
22			0.00	
23			0.00	
24			0.00	
25			0.00	
26			0.00	
27			0.42	ordered a load of hypo
28			0.00	
29			0.00	
30			0.00	
31			0.00	
Total			3.17	
Avg.			0.10	

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

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

NAME MSD WEST COUNTY STP

ADDRESS C/O LOUISVILLE/JEFF CO MSD

4522 ALCONQUIN PKWY

LOUISVILLE

KY 40211-2497

FACILITY MSD WEST COUNTY STP

LOCATION LOUISVILLE

KY 40272

ATTN: ALEX E NOVAK, OPER MGR

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	31

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE I [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)		*****	*****		4.1	*****	*****	(19)		Daily	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)		4014	47663	(26)	*****	270.7	329.0	(19)		Daily	Comp.
00310 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C)		2178	3529	(26)	*****	14.6	24.0	(19)		Daily	Comp.
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
PH		*****	*****		7.3	*****	7.5	(12)		Daily	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED		39014	43258	(26)	*****	262	301	(19)		Daily	Comp.
00500 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED		871	1007	(26)	*****	5.8	6.7	(19)		Daily	Comp.
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		2583	2596	(26)	*****	17.5	18.0	(19)		Daily	Comp.
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein
Exec. 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
Kevin D. P...
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502-540-6000
DATE: 07 08 23
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MO AVG FOR BOD/TSS REMV/REPT IN MINIMUM COLUMN.

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

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

NAME MSD WEST COUNTY STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

LOUISVILLE KY 40211-2497

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	31

FACILITY MSD WEST COUNTY STP

LOCATION LOUISVILLE KY 40272

ATTN: ALEX E NOVAK, OPER MGR

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, AMMONIA TOTAL (AS N) 00810 1 0 0 EFFLUENT GROSS VALUE	1094	1111	(26)	*****	7.4	7.3	(19)		Ø	Daily Comp.	
PERMIT REQUIREMENT	5004 MD AVG	7508 MX WK AV	LBS/DY	*****	20 MD AVG	30 MX WK AV	MG/L			DAILY COMPOS	
NITROGEN, KJELDAHL TOTAL (AS N) 00825 1 0 0 EFFLUENT GROSS VALUE	1357	1515	(26)	*****	9.3	10.5	(19)		Ø	WK Comp.	
PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			WEEKLY COMPOS	
PHOSPHORUS, TOTAL (AS P) 00885 1 0 0 EFFLUENT GROSS VALUE	203	226	(26)	*****	1.4	1.6	(19)		Ø	WK Comp.	
PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			WEEKLY COMPOS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 0 0 0 RAW SEW/INFLUENT	19.0	26.6	(03)	*****	*****	*****	*****		Ø	C/N C/N	
PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****			CONTINCONTIN UOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	17.9	25.7	(03)	*****	*****	*****	*****		Ø	C/N C/N	
PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****			CONTINCONTIN UOUS	
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.010	0.017	(19)		Ø	Daily Grab	
PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX	MG/L				DAILY GRAB	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	4.2	6.3	(13)		Ø	Daily Grab	
PERMIT REQUIREMENT	*****	*****	*****	*****	200 BODA GED	400 #/ 7 DA GED	100ML			DAILY GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein
Exec. 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
Kevin D. Rees

TELEPHONE DATE
502 540-6000 07 08 23
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

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

NAME MSD WEST COUNTY STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALCONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN: ALEX E NOVAK, OPER MGR

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	31

FROM

TO

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		95	*****	*****	(23)		1/31	Calc.
B1010 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-CENT		ONCE/MONTH	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		98	*****	*****	(23)		1/31	Calc.
B1011 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-CENT		ONCE/MONTH	CALC'D
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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Exec. Director
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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
Kevin D. Pies

TELEPHONE: 562 540-6000
DATE: 08 23
AREA CODE: 07
NUMBER: 07
YEAR: 08
MO: 08
DAY: 23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

MAJOR
(SUDBR LV)
F - FINAL

JEFFE

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

NAME MSD WEST COUNTY STP

ADDRESS C/O LOUISVILLE/JEFF CO MSD

4522 ALCONQUIN PKWY

LOUISVILLE

KY 40211-2497

FACILITY MSD WEST COUNTY STP

LOCATION LOUISVILLE

KY 40272

ATTN: ALEX E NOVAK, OPER MGR

KY0078956
PERMIT NUMBER

001 R
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	31

REASONABLE POTENTIAL
EFFLUENT

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	(19)		1/31	Comp.
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		1/31	COMPOS MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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Kevin D. P... [Signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540-6000	07	08	23

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