



MSD

*Louisville and Jefferson County Metropolitan Sewer District*

*700 West Liberty Street*

*Louisville Kentucky 40203-1911*

*502-540-6000*

*www.msdlouky.org*

June 20, 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  
May 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 May 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



*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](http://www.msdlouky.org)*

June 20, 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  
May 2007

Dear Ms. Thurman:

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

Enclosures

cc: P. Burgin  
T. Singleton  
R. Shaw



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Name of Sewage Treatment Plant: West County WTP County: Jefferson Month of: May 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						
		Grt 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	Dissolved Oxygen (mg/L) #1	Dissolved Oxygen (mg/L) #2	MLSS (mg/L) X 1000 #1&#2	MLVSS (mg/L) X 1000 #1&#2	30 min. Settle	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col/100ml	
																																				Return
1	20.31			7.2	7.3				5.8			182		9				243		28		3550					1480	1170	100.0	0.07		1.48		0.01	7.45	16
2	17.29			7.2	7.3				5.8			180		8				250		26		3750					1430	1100	100.0	0.07				0.01	7.62	78
3	34.33			7.2	7.4				7.0			240		12				206		26		1510					1480	1120	100.0	0.07				0.01	6.00	12
4	39.62			7.4	7.2				7.0			168		12				227		32		1620					790	620	50.0	0.06				0.01	4.00	1
5	37.92			7.5	7.4				7.2			128		11				192		16		1640					560	460	50.0	0.09				0.01	5.00	1
6	28.90			7.3	7.6				6.2			358		10				305		36		2510					560	440	50.0	0.09				0.01	7.00	1
7	26.35			7.6	7.2				6.3			312		11				334		35		4310					790	640	50.0	0.06			11.20	0.01	8.06	2
8	24.63			7.3	7.4				6.0			704		13				518		36		2950					1020	810	80.0	0.08		0.78		0.01	9.30	128
9	21.93			7.2	7.4				7.3			568		14				464		36		4850					1970	1470	110.0	0.06				0.01	9.58	21
10	21.94			7.2	7.3				7.3			190		10				259		26		5110					1860	1370	120.0	0.06				0.01	7.73	34
11	19.36			7.2	7.3				7.3			194		8				232		19		6020					1850	1400	120.0	0.06				0.01	7.17	1
12	19.88			7.3	7.2				7.2			230		7				292		14		4370					1510	1130	110.0	0.07				0.01	7.50	13
13	18.84			7.2	7.3				7.2			210		7				292		37		4130					1640	1230	120.0	0.07			11.80	0.01	8.96	2
14	18.99			7.3	7.4				7.2			198		6				261		24		4190					1610	1230	120.0	0.07				0.01	7.22	11
15	18.76			7.2	7.3				7.1			210		7				268		16		4270					1660	1240	130.0	0.08		1.72		0.01	6.16	10
16	23.17			7.1	7.3				7.2			170		6				217		18		4170					1470	1130	110.0	0.07				0.01	6.22	58
17	20.86			7.2	7.4				6.9			186		6				241		22		3650					1380	1050	110.0	0.08				0.01	5.54	13
18	18.60			7.2	7.3				6.6			208		6				223		15		3470					1400	1080	120.0	0.09				0.01	6.00	7
19	18.39			7.3	7.1				6.0			186		10				309		16		3590					1390	1100	130.0	0.09				0.01	6.00	2
20	18.71			7.4	7.3				5.7			144		7				239		13		3440					1400	1100	120.0	0.09			8.09	0.01	6.10	12
21	18.84			7.3	7.3				5.8			178		7				217		19		3280					1320	1030	130.0	0.10				0.01	6.22	1
22	16.79			7.3	7.3				7.0			214		6				310		17		3510					1520	1220	130.0	0.09		1.92		0.01	5.54	3
23	17.53			7.3	7.3				7.2			224		6				190		11		3490					1330	1070	130.0	0.10				0.01	5.49	27
24	16.75			7.2	7.2				7.0			252		5				210		7		3310					1430	1160	130.0	0.09				0.01	5.43	1
25	16.80			7.3	7.2				6.8			160		6				174		8		3470					1410	1150	120.0	0.09				0.01	5.60	1
26	17.64			7.3	7.3				6.8			210		9				204		9		3370					1360	1090	130.0	0.10				0.01	5.71	1
27	14.63			7.3	7.2				6.8			212		6				215		16		3760					1420	1100	120.0	0.08				0.01	4.00	1
28	16.43			7.0	7.3				7.0			212		8				208		14		3400					1430	1140	120.0	0.08			7.90	0.01	5.77	1
29	17.18			7.2	7.3				6.9			226		8				207		11		3130					1300	1030	110.0	0.08				0.01	6.66	2
30	16.60			7.2	7.3				6.4			250		7				219		11		3310					1350	1070	130.0	0.10				0.01	5.71	30
31	16.84			7.1	7.2				6.6			240		7				186		10		3260					1350	1060	140.0	0.10				0.01	5.77	10
Total	654.8	0	0																		0.0		0.0													
Avg.	21.12			7.3	7.3				6.7			237		8				255		20		3561.0					1369.35	1064.84	109.35	0		1.47	9.75	0.01	6.47	5

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent \_\_\_\_\_ Operator Ibn Green  
 Residential Connections: \_\_\_\_\_  
 Commercial Connections: \_\_\_\_\_ 201171 264482 196734 Cert. # 16155  
 Industrial Connections: \_\_\_\_\_ Flow BOD TSS  
 Sewer Connections X 4 = 0 Phone # 502-540-6042

NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: May 2007

Average Flow 21.12 MGD

Date	Weather Data			Remarks
	High	Low	Rainfall	
1			0.00	valved out 3B pump so maint. can work on it.
2			0.65	Hypo delivered on plant.
3			0.55	Closed 120" gate and stopped plant flow. Drained well for 3B pump repair.
4			0.85	Plant set up for high flow/rain.
5			0.00	
6			0.00	Plant set up for normal flow.
7			0.00	
8			0.00	Draining #3 and #6 clarifiers due to low plant flow.
9			0.00	Load of Bisulfite delivered on plant.
10			0.00	Cleaning on #3 clarifier.
11			0.00	Cleaning on #3 clarifier.
12			0.00	
13			0.00	
14			0.00	Ordered a load of hypo.
15			0.50	Hypo delivered on plant.
16			0.00	cleaning on #6 clarifier.
17			0.00	
18			0.00	cleaning on #1 clarifier
19			0.00	
20			0.00	
21			0.00	Ordered a load of hypo.
22			0.00	Sluge holding tank building sump pumps kicked out. Maint. Repaired, back i/s.
23			0.00	Hypo delivered on plant.
24			0.00	
25			0.00	
26			0.00	Load of Bisulfite delivered on plant.
27			0.00	Cleaning on #3 clarifier.
28			0.00	Cleaning on #3 clarifier.
29			0.00	
30			0.00	Hypo delivered on plant.
31			0.00	
Total			2.55	
Avg.			0.08	

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

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

FACILITY MSO WEST COUNTY STP  
LOCATION LOUISVILLE  
ATTN: ALEX E NOVAK, OPER MGR

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

KY00078956  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MAJOR (SUBR LV)  
F - FINAL  
MUNICIPAL WASTEWATER  
EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	31

\*\*\* NO DISCHARGE 1 \*\*\*

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)	SAMPLE MEASUREMENT	*****	*****		5.7	*****	*****	( 19)	Ø	Daily	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	45334	59833	( 25)	*****	255.2	331.1	( 19)	Ø	Daily	Comp.
00310 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		DAILY	COMPLE
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	3776	6848	( 25)	*****	20.1	28.4	( 19)	Ø	Daily	Comp.
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506	11259		*****	30	45	MG/L		DAILY	COMPLE
PH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.6	( 12)	Ø	Daily	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	42264	59582	( 26)	*****	237	328	( 19)	Ø	Daily	Comp.
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		DAILY	COMPLE
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1525	2626	( 26)	*****	8.2	10.4	( 19)	Ø	Daily	Comp.
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506	11259		*****	30	45	MG/L		DAILY	COMPLE
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2649	2725	( 26)	*****	15.9	18.4	( 19)	Ø	Daily	Comp.
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		DAILY	COMPLE

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.

Kent D. P...

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

562.540-6000

AREA CODE NUMBER

DATE

7 6 12

YEAR MO DAY

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

USE MD AVG FOR BOD/TSS REMV/REPT IN MINIMUM COLUMN.

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

NAME MSD WEST COUNTY STP  
 ADDRESS C/O LOUISVILLE/JEFF CO MSD  
 4522 ALGONQUIN PKWY  
 LOUISVILLE KY 40211-2497  
 FACILITY MSD WEST COUNTY STP  
 LOCATION LOUISVILLE KY 40272

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

001 2  
 KY0078956  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL JEFFE  
 MUNICIPAL WASTEWATER  
 EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	31

\*\*\* NO DISCHARGE 1 ( ) \*\*\*

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			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1135	1491	( 26 )	*****	6.5	8.2	( 19 )	Ø	Daily	Comp.
00610 1 0 0	PERMIT REQUIREMENT	5004 MD AVG	7506 MX WK AV	LBS/DY	*****	20 MD AVG	30 MX WK AV	MG/L		DAILY	COMPLE
EFFLUENT GROSS VALUE											
NITROGEN, NITROGEN TOTAL (AS N)	SAMPLE MEASUREMENT	1665	2461	( 26 )	*****	9.8	11.8	( 19 )	Ø	WK	Comp.
00625 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPLE
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	237	269	( 26 )	*****	1.5	1.9	( 19 )	Ø	WK	Comp.
00665 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPLE
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	21.8	41.8	( 03 )	*****	*****	*****		Ø	C/N	C/N
50050 0 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
RAW SEW/INFLUENT										UOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	21.1	39.6	( 03 )	*****	*****	*****		Ø	C/N	C/N
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
EFFLUENT GROSS VALUE										UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.010	( 19 )	Ø	Daily	Grab
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.017 DAILY MX	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE											
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	6	11	( 13 )	Ø	Daily	Grab
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	200 300A GED	400 7 DA GED	100ML		DAILY	GRAB
EFFLUENT GROSS VALUE											

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 Ker D. R...	TELEPHONE 502 540-6000		DATE 7 6 12		
			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.

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

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 LOUISVILLE KY 40211-2497  
 FACILITY MSD WEST COUNTY STP  
 LOCATION LOUISVILLE KY 40272

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

KY0078756  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MAJOR  
 (SUBR LV)  
 F - FINAL

Form Approved.  
 OMB No. 2040-0004

JEFFE

MUNICIPAL WASTEWATER  
 EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

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PARAMETER		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	*****	*****		92	*****	*****	( 23 )	0	1/31	Calc.
BOD, 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	BE MD AVG	*****	*****	PER-CENT		ONCE / MONTH	CALCULATED
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		96	*****	*****	( 23 )	0	1/31	Calc.
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	BE MD MIN	*****	*****	PER-CENT		ONCE / MONTH	CALCULATED
	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

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.

Kent D. Ries

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

502.540-6000

AREA CODE NUMBER

DATE

7 6 12

YEAR MO DAY

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

USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.



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

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

KY0078756  
PERMIT NUMBER

001 R  
DISCHARGE NUMBER

MAJOR  
(SUBR LV)  
F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	31

FROM

TO

REASONABLE POTENTIAL  
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			
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 19)	0	1/31	Comp.
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.

Kent D. Rice

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

502 540-6000

AREA CODE NUMBER

DATE

7 6 12

YEAR MO DAY

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