MSD

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

October 23, 2008

Ms. Vickie L. Prather
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

RE: Jeffersontown Treatment Plant, KPDES No: KY0025194
Discharge Monitoring Report
September 2008

Dear Ms. Prather:

Attached is the Discharge Monitoring Report (DMR) for the Jeffersontown WTP KPDES No.: KY0025194 for the month of September 2008. Also included is the 3rd quarter Bio-monitoring Report (DMR).
There are no Discharge Reports for the month as there were no discharges or blending events.

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

Sincerely,

Kevin D. Ries
Process Supervisor Central Region

JEP/Jeffersontown 0908.doc

Enclosures

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

MSD

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

October 23, 2008

Charlie Roth
Louisville Regional Office (KDOW)
9116 Leesgate Road
Louisville, KY 40222-5084

RE: Jeffersontown Treatment Plant, KPDES No: KY0025194
Discharge Monitoring Report
September 2008

Dear Mr. Roth:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR), for the Jeffersontown WTP, KPDES No.: KY0025194 for the month of September 2008. Also included is the 3rd quarter Bio-monitoring Report (DMR). There are no Discharge Reports enclosed as there were no discharges or blending events last month.

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

Sincerely,

Kevin D. Ries
Process Supervisor Central Region

JEP/Jeffersontown 0908.doc

Enclosures

cc: V. Prather (KDOW)
R. Shaw
T. Singleton

NAME OF TREATMENT PLANT JEFFERSONTOWN WTP COUNTY JEFFERSON MONTH OF: September 2008

KPDES PERMIT NUMBER KY0025194 PLANT CAPACITY 4.0 MGD RECEIVING STREAM CHENOWETH RUN

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 MLVSS 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	TOTAL PHOS. (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
1	2.46			6.8	7.2		10.0			8.6		142		3	121		3	1.51		38	6.8			340	320							0.47	0.39	33
2	2.59			6.8	7.3		13.0			8.0		284		3	311		3	1.51	6.41	40	6.5	3.04	2.2	290	270							0.53	0.84	3
3	2.72	3	3	6.9	7.5		14.0			8.2		234		4	218		3	1.51	6.25	38	6.6	3.3	2.35	300	270							0.50	0.56	13
4	2.72			6.9	7.4		12.0			8.4		241		6	205		3	1.5	6.49	38	6.5	3.59	3.21	270	260							0.41	0.39	210
5	2.84			6.8	7.5		14.0			8.4		300		4	105		3	1.47	7.6	35	6.4	2.96	2.41	280	260							0.41	0.50	1
6	2.60			6.8	7.0		15.0			7.9		195		3	158		3	1.45		36	6.5			300	280							0.35	0.06	3
7	2.51			6.7	7.4		14.0			8.6		169		4	143		3	1.45		36	6.8			280	270							0.28	0.06	3
8	2.56			6.2	7.1		16.0			8.1		290		4	168		3	1.45	6.88	41	6.6	2.71	1.1	250	240							0.32	0.06	18
9	3.16			6.2	6.7		16.0			8.3		158		7	153		3	1.43	7.54	39	6.4	3.05	2.1	230	230							0.38	0.06	43
10	2.78	3	3	6.3	7.0		18.0			8.2		230		3	190		3	1.43	7.11	36	6.6	2.94	1.99	230	220							0.28	0.39	3
11	2.65			6.2	7.6		19.0			8.1		227		3	201		3	1.41	6.28	38	6.2	2.1	2.15	230	220							0.36	0.56	31
12	2.51			6.2	7.5		13.0			8.2		245		7	200		3	1.42	5.76	36	6.4	2.9	2.04	230	220							0.38	0.56	110
13	2.45			6.3	7.2					8.0		181		4	169		3	1.42		36	5.9			240	220							0.42	0.56	33
14	2.04			7.1	7.0					8.2		181		6	126		3	1.32		39	6			250	230							0.42	0.06	1014
15	2.27			6.8	7.6		16.0			8.1		216		4	206		3	1.18	4.73	38	5.8	3.18	2.11	230	220							0.29	1.00	2750
16	2.51			7.1	7.7		12.0			8.1		178		5	230		3	1.23	6.38	50	6.4	3.25	2.25	230	210							0.37	3.90	19900
17	2.47	3	3	6.4	7.1		16.0			8.2		150		3	180		3	1.03	5.88	43	7.7	2.91	1.4	180	160							0.45	0.39	143
18	2.47			6.7	7.1		19.0			8.1		223		5	185		3	1.34	5.94	43	6.8	3.06	2.15	200	200							0.63	0.06	10
19	2.48			6.4	7.1		14.0			8.3		214		6	190		3	1.31	5.92	40	6.5	2.92	2	210	200							0.66	0.06	12
20	2.52			6.4	7.1		16.0			8.0		359		6	404		6	1.36		38	6.6			220	200							0.48	0.06	87
21	2.45			6.4	7.2		17.0			8.2		930		2	482		3	1.47		40	6.4			230	200							0.79	0.45	90
22	2.39			6.4	6.7		14.0			8.2		318		3	430		3	1.38	4.38	41	6.4	3.49	2.45	250	240							1.61	0.06	3
23	2.40			6.4	6.9		17.0			8.3		246		4	264		3	1.48	4.93	42	6.9	3.12	2.25	230	220							1.81	0.50	3
24	2.48	3	3	6.3	6.5		18.0			8.3		242		5	232		3	1.53	5.4	38	6.7	3.13	2.24	240	220							1.54	0.50	13
25	2.51			6.3	6.8		16.0			8.2		216		6	257		3	1.57	4.94	38	6.7	2.84	1.96	220	200							1.97	0.67	17
26	2.33			6.3	6.4		16.0			8.1		160		17	180		3	1.51	4.57	40	5.2	2.88	1.98	200	200							0.38	0.06	73
27	2.34			6.5	6.5		15.0			8.3		168		7	130		3	1.52		38				180	170							0.18	0.06	23
28	2.33			6.5	7.1		12.0			8.1		199		6	145		3	1.49		38				150	150							0.06	0.39	62
29	2.34			6.6	7.0		14.0			8.2		246		7	141		3	1.47	6.71	38	5.9	3.04	2.32	150	150							0.23	0.50	15
30	2.87			6.4	6.9		13.0			8.1		212		8	142		3	1.46	6.39	38	5.6	3.29	2.16	140	140							0.28	0.06	77
31																																	
Tot.	75.75	12	12															42.61															
Avg.	2.53	3	3	6.5	7.1		15.0			8.2		245		5	209		3	1.42	6.023	38.97	6.421	3.033	2.134	232.7	219.7							0.57	0.46	32

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

24048	25873	24582		
FLOW	CBOD	TSS	OPERATOR	CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD JEFFERSONTOWN STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0025194	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	08	07	30

MAJOR
(SUBR LV)
F - FINAL
FLOW BOD TSS DO PH
EFFLUENT
*** NO DISCHARGE ( ) ***

JEFFE

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
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		7.9	******	******	(19)		03/07	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	7 INST MIN	******	******	MG/L		THREE/WEEK	GRAB
PH	SAMPLE MEASUREMENT	******	******		6.4	******	7.7	(12)		03/07	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****	6 MINIMUM	******	9 MAXIMUM	SU		THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 6 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	5157	6639	(26)	******	245	324	(19)		03/07	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	108	136	(26)	******	5	7	(19)		03/07	CP
	PERMIT REQUIREMENT	1000 MO AVG	1501 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 6 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	400	435	(26)	******	19.0	19.9	(19)		03/07	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	9.6	17.3	(26)	******	0.5	0.8	(19)		03/07	CP
	PERMIT REQUIREMENT	133 MO AVG	200 MX WK AV	LBS/DY	******	4 MO AVG	6 MX WK AV	MG/L		THREE/WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	12.0	21.9	(26)	******	0.6	1.1	(19)		03/07	CP
	PERMIT REQUIREMENT	30 MO AVG	50 MX WK AV	LBS/DY	******	1.0 MO AVG	1.5 MX WK AV	MG/L		THREE/WEEK	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
H.J. Schardein Exec. 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.	Kent D. Rus	502 540-6000	08	10	24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.

ERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
AME MSD JEFFERSONTOWN STP
DDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
ACILITY MSD JEFFERSONTOWN STP
OCATION JEFFERSONTOWN KY 40299
TTN: DENNIS THOMASSON, OR METRO OPS

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

OMB No. 2040-0004

KY0025194	001 B
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL
FLOW BOD TSS DO PH
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFFF

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	09	01	TO	08	09	30

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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT (00056 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.53	3.16	(03)	*******	*******	*******		Ø	CN	CN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX DL DY	(03)	*******	*******	*******	**** ****		CONTINUOUS	CONTIN UOUS
COLIFORM, FECAL GENERAL (74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	32	185	(13)	Ø	03/07	GR
	PERMIT REQUIREMENT	*******	*******	*****	*******	200 30DA GEO	400 M/ 7 DA GEO	100ML		THREE/WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C (80082 1 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	4383	5500	(26)	*******	209	268	(19)	Ø	03/07	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX DL AV	KG/DY	*******	REPORT MO AVG	REPORT MX DL AV	MG/L		THREE/WEEK	COMPOS WEEK
BOD, CARBONACEOUS 05 DAY, 20C (80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	65	70	(26)	*******	3	3	(19)	Ø	03/07	CP
	PERMIT REQUIREMENT	557 MO AVG	1671 MX DL AV	130 DY	*******	20 MO AVG	30 MX DL AV	MG/L		THREE/WEEK	COMPOS WEEK
BOD, CARB 5 DAY, 20 DEG C, PERCENT REMVL (00301 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		98.5	*******	*******	(23)	Ø	01/30	CA
	PERMIT REQUIREMENT	*******	*******	*****	85 MO AVG	*******	*******	PER-CENT		ONCE/CALCTD MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL (81011 2 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		97.9	*******	*******	(23)	Ø	01/30	CA
	PERMIT REQUIREMENT	*******	*******	*****	85 MO MIN	*******	*******	PER-CENT		ONCE/CALCTD MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
H.J. Schardein Exec. 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.	Kent D. Rice	502	540-6000	08	10	24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

USE MO AVG FOR 301/TSS RFMV; REPT IN MINIMUM COLUMN.

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD JEFFERSONTOWN STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0025194	001 Y
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	08	09	30

MAJOR
(SUBR LV)
F - FINAL JEFFE
BIOMONITORING/ONCE PER QUARTER
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 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	249	249	(19)	Ø	1/9	COMP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM, DISSOLVED (AS CD) 01025 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.0001	<0.0001	(19)	Ø	1/91	COMP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER, DISSOLVED (AS CU) 01040 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.002	<0.002	(19)	Ø	1/91	COMP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD, DISSOLVED (AS PB) 01049 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.005	<0.005	(19)	Ø	1/91	COMP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC, DISSOLVED (AS ZN) 01090 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.0219	0.0219	(19)	Ø	1/91	COMP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC TOTAL RECOVERABLE 01094 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.0234	0.0234	(19)	Ø	1/91	COMP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.0001	<0.0001	(19)	Ø	1/91	COMP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE			DATE		
H.J. SCHROEIN 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.	James E. Roth Jr.	502	540-6000	08	10	23
EXECUTIVE DIRECTOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD JEFFERSONTOWN STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

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

Form Approved.
OMB No. 2040-0004

KY0025194	001 Y
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL JEFFE
BIOMONITORING/ONCE PER QUARTER
EFFLUENT
*** NO DISCHARGE | | ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	07	01	TO	08	07	30

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			
LEAD, TOTAL RECOVERABLE 01114 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.005	<0.005	(19)	Ø	1/91	COMP
	PERMIT REQUIREMENT	******	******	*****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER, TOTAL RECOVERABLE 01119 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.002	<0.002	(19)	Ø	1/91	COMP
	PERMIT REQUIREMENT	******	******	*****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS 51406 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1.00	(20)	Ø	1/91	COMP
	PERMIT REQUIREMENT	******	******	*****	******	******	1.00 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		TELEPHONE			DATE		
H. J. SCHARDEIN 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.	James E. Roth Jr.	502	540-6000	08	10	23
EXECUTIVE DIRECTOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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