

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

NAME WATTERSON WOODS STP MSD  
ADDRESS 8405 CEDAR CREEK RD  
LOUISVILLE KY 40291

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

KY0035211  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL

JEFFE

FACILITY WATTERSON WOODS STP MSD  
LOCATION LOUISVILLE KY 40299  
ATTN: DEBBIE NEWTON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

SANITARY WASTEWATER  
EFFLUENT

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

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)	*****	*****				*****	*****	( 19 )				
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	7	*****	*****	MG/L		WEEKLY	GRAB	
PH	*****	*****				*****		( 12 )				
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	8.0	*****	9.0	MINIMUM MAXIMUM	GU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****			( 26 )	*****			( 19 )				
00500 ( 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	85.8	172	LBS/DY	30	30	60	GODA AVG	DAILY MX	MG/L	WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****			( 26 )	*****			( 19 )				
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	28.6	57.2	LBS/DY	10	10	20	GODA AVG	DAILY MX	MG/L	WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****			( 19 )				
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	GODA AVG	DAILY MX	MG/L	WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****			( 03 )	*****	*****	*****					
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	***	***	CONTIN	CONTIN	
CHLORINE, TOTAL RESIDUAL	*****	*****			*****			( 19 )				
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.019	GODA AVG	DAILY MX	MG/L	WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. SCHROBIN JR  
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  
*James E. Br...*

TELEPHONE 502-510-6000  
DATE 07 03 20  
AREA CODE NUMBER YEAR MO DAY

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

PLANT TAKEN O/S ON 12/15/06

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

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

NAME WATTERSON WOODS STP MSD  
ADDRESS 8405 CEDAR CREEK RD  
LOUISVILLE KY 40291

KY00035211  
PERMIT NUMBER

001 1  
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MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT

FACILITY WATTERSON WOODS STP MSD  
LOCATION LOUISVILLE KY 40297  
ATTN: DEBBIE NEWTON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	20

\*\*\* NO DISCHARGE \*\*\*  
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			
GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****			( 157)			
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	/			
CO <sub>2</sub> CARBONATEOUS 5 DAY BOD	SAMPLE MEASUREMENT			( 26)	*****			( 19)			
	PERMIT REQUIREMENT	25.5	57.2		*****	10	20				
		30DA AVG	DAILY MX	LBS/DAY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHMIDT JR  
DIRECTOR  
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
James E. Burt Jr

TELEPHONE 502 540-6000  
DATE 07 03 20  
AREA CODE NUMBER YEAR MO DAY

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

PLANT TAKEN 9/5 ON 12/15/06