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

MATTERSON WOODS STP MSD

ADDRESS SIAOS CEDAR CREEK RD

1 CUISVILLE

KY ACCET

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

LISECOVA PERMIT NUMBER

001 DISCHARGE NUMBER MINDR (BUBR LV) F - FINAL

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WATTERSON WOODS STP MSD

LOCATION LOUISVILLE

KY 40299

MONITORING PERIOD YEAR MO YEAR MO DAY DAY TO 110 ed (2)

SANITARY WASTEWATER EFFLUENT

\*\*\* NO DISCHARGE ( \*\*\*
NOTE: Read Instructions before completing this form.

ATTN: DEBBIE NEWTON		NOTE: Read Instructions before co								· -	
PARAMETER		QUAN	UANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
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OLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT			( 26)	快快和安餐廳			( 1 G)			
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VITROGEN, AMMONIA TOTAL (AB N)	SAMPLE MEASUREMENT	25.6	<b>57.2</b>	( Se)	<b>经营业基本</b>	10	EC	( 17)			LONE UE
00610 t 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	BODA AVG		LBS/DY	and the same of th	GODA ÁVE		MG/L ( 19)	Aven d	in a mag	
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00565 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	#*************************************		8444 6 03)	<b>本种的种种</b>	JODA AVG	DAILY HX	MG/L		Sandar Mag	
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30050 1 0 0 EFFLUENT GROSS VALUE		REPUNT BODA AVO	TMBT MAX	MGD	· · · · · · · · · · · · · · · · · · ·		er and the attended to be seen a solution of the	****		UGUB.	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	<b>计学学长</b> 关	<b>经长期基本股</b>		<b>多数长条条件</b>	o, vii	0.019			JESEKILY	(10 A D
90060 1 0 0 Epfluent gross value		<b>P. P. P. P. P.</b> P. Con.	(6 (6) (a) (b)	长 长 长 长	10.001.00	BODA AVE	DAILY MY	<u></u>	8.0		
NAME/TITLE PRINCIPAL EXECUTIVE  H, J, SCHPLOBIN FIL  BYEC DIRECTOR  TYPED OR PRINTED	prepare to assur- submitte or those submitte I am aw	under penalty of law that the d under my direction or sup- e that qualified personnel pr ed. Based on my inquiry of the persons directly responsible dis, to the best of my know. are that there are significant g the possibility of fine and if	ervision in accordance with operly gather and evaluate t he person or persons who m for gathering the informati ledge and belief, true, accura penalties for submitting fal	a system designed the information anage the system, on, the information ate, and complete. se information,	aligna	MOSSICE OF PRINCIPAL FICER OR AUTHORIZE		TELEPHON	0000	070	3 20 10 DAY

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

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**FROM** 

YEAR

MO

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

WATTERAUS WODDE SIP MED

ADDRESS 8408 CREAK CREEK RD 主用的对数处罚主义

LOCATION | COLD SWILL E

ATTN: DERBIE NEWTON

FACILITY BACTSESON WOODS STP MSD

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KY 40299

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

RYOUGHPLI 001 PERMIT NUMBER

DAY

MONITORING PERIOD

TO

DISCHARGE NUMBER

DAY

YEAR MO

MINUTR (SUBR LV) F - Fireat

SPEC

Form Approved.

OMB No. 2040-0004

BANITARY WASTEWATER

PFF: EFFUT

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NOTE: Read Instructions before completing this form.

FREQUENCY PARAMETER QUANTITY OR LOADING NO SAMPLE QUALITY OR CONCENTRATION TYPE ΕX ANALYSIS **AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS COLINGRA FECAL .安全各部合格. · 经基础基础。 강간 강 등 중 상 1 7 SAMPLE QEMFRA! MEASUREMENT 74985 **新兴场中发展** 19 18 A 200 400 OPERATOR NO. 10 PROCESSES (C) 378 PERMIT igger-lyter Agen Ag SOME SER DATLY MY FFFLURNT GROSS VALU REQUIREMENT 100ML 200 经营业等 (. (영) SCO. CARBONACKIUS SAMPLE of bay por MEASUREMENT 3000802 ₹3° 23 6 7 7 s # 10. PERMIT 300M AVO DMILY MA DBEVIY DAILY MX MGZL REFLUENT OFFIS VALUE REQUIREMENT BODA AVG SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE prepared under my direction or supervision in accordance with a system designed DCHIMUNGIII 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. BYES. WIKBUTOR 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. SIGNATURE OF PRINCIPAL EXECUTIVE I am aware that there are significant penalties for submitting false information, OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. NUMBER YEAR MO COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)