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

NAME WATTERSON WOODS STP MSD

ADDRESS 8408 CEDAR CREEK RD

LOUISVILLE

KY 40291

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

KYCO35211
PERMIT NUMBER

○○1 DISCHARGE NUMBER MINOR (SUBR LV) F - FIMAL

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FACILITY WATTERSON WOODS STP MED

NLOUISVILLE

KY 40299

SANITARY WASTEWATER EFFLUENT

\*\*\* NO DISCHARGE 1

NOTE: Read Instructions before completing this form.

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

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12/15/06

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

NAME MATTERSON WOODS STP MGD

ADDRESS RAOS CEDAR CREEK RD

LOUISVILLE

MY 40271

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

LISECOOPA PERMIT NUMBER

144. 1.7

DISCHARGE NUMBER

MINOR (SUBR LV) F - FINAL

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Form Approved.

OMB No. 2040-0004

FACILITY

WATTERSON WOODS STP HSD

LOCATION

KY AOZYT

MONITORING PERIOD DAY YEAR MO DAY FROM TO

SANITARY WASTEWATER EFFLUENT

\*\*\* NO DISCHARGE /2

NOTE: Read Instructions before completing this form.

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