

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFI

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

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

KY0035211
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

*** 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)	00300 1 0 0	*****	*****			*****	*****	(19)			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
PH	00400 1 0 0	*****	*****			*****	*****	(12)			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	8.0	*****	9.0	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00500 1 0 0			(26)	*****			(19)			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	85.8	172	LBS/DY	*****	30	60	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0			(26)	*****			(19)			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	25.6	57.2	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****			(19)			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050 1 0 0			(03)	*****	*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	00060 1 0 0	*****	*****		*****			(19)			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCHARLES JR
EXECUTIVE 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.

James E. Peltz
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
502 540 6000 7 4 19
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)

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LOCATION LOUISVILLE KY 40299
ATTN: DEBBIE NEWTON

MONITORING PERIOD						
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SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL		*****	*****		*****			(13)			
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	200	400	#/100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C				(26)	*****			(19)			
80082 1 0 0 EFFLUENT GROSS VALUE		28.6	57.2	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPOS
		30DA AVG	DAILY MX			30DA AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHONDEIN JR
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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James E. B...
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 202 540-6000
DATE 7 4 19
AREA CODE NUMBER YEAR MO DAY

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

PLANT TAKEN 0/5 ON 12/15/06