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DANDRIDGE F. WALTON

JOHN B. BAUGHMAN

ROBERT C. MOORE

CLAYTON B. PATRICK

SQUIRE N. WILLIAMS III

FAX: (502) 875-7158

TELEPHONE: (502) 227-2271

March 8, 2004

Mr. Tom Dorman
Executive Director
Public Service Commission
211 Sower Boulevard
P. O. Box 615
Frankfort, Kentucky 40602-0615

RECEIVED

MAR 08 2004

PUBLIC SERVICE
COMMISSION

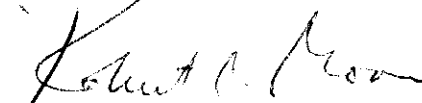
Re: Orchard Grass Utilities, Inc.:
Joint Application for Approval of Transfer

Dear Mr. Dorman:

Case No. 2004-00029

Please find enclosed for filing the original and 11 copies of the Answers of Orchard Grass Utilities, Inc., to the Initial Data Requests of Robert L. Madison. Please note that I have only included copies of the attachments to the original and 1 of the copies and have a call in to Anita Mitchell, the PSC attorney assigned to this case, to see if the Commission requires the filing of copies of the attachments with the remaining 9 copies of the Answers.

Yours truly,


Robert C. Moore

Enclosures
RCM/csc

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

RECEIVED

IN THE MATTER OF:

MAR 08 2004

THE JOINT APPLICATION OF ORCHARD GRASS UTILITIES INC
AND OLDHAM COUNTY SANITATION DISTRICT FOR
APPROVAL OF THE TRANSFER OF WASTE WATER
TREATMENT FACILITIES PURSUANT TO STOCK PURCHASE
AGREEMENT BETWEEN THE PARTIES

PUBLIC SERVICE
COMMISSION

Case No. 2004-00029

**RESPONSE OF ORCHARD GRASS UTILITIES, INC.,
TO INITIAL DATA REQUEST OF ROBERT L. MADISON**

Comes Orchard Grass Utilities, Inc. ("Orchard Grass"), by counsel and for its Answers to the Initial Data Request of Robert L. Madison, states as follows.

DATA REQUEST NO. 1: Provide the original book value in dollars for the Orchard Grass Sewage Treatment Facility.

ANSWER: Objection. Orchard Grass objects to this Data Request as the information requested is irrelevant to the Joint Application since the Orchard Grass Waste Water Treatment Plant was purchased in the early 1970s, approximately 30 years ago. Orchard Grass further objects to this data request on the basis that it is ambiguous and requires speculation as to its meaning.

DATA REQUEST NO. 2: Provide the original book value in dollars for the Willow Creek Sewage Treatment Facility.

ANSWER: Objection. Orchard Grass objects to this Data Request as the information requested is irrelevant to the Joint Application since the Willow Creek Waste Water Treatment Plant was purchased in the early 1970s, approximately 30 years ago. Orchard Grass further objects to this data request on the basis that it is ambiguous and requires speculation as to its meaning.

DATA REQUEST NO. 3: Reference the Joint application (JA) Page 15, Article III Purchase

Price, Section 3.01., which has the purchase price at \$675,000.

A. What is the purchase price of the Orchard Grass Sewage Treatment Plant?

ANSWER: The Oldham County Sanitation District is purchasing the stock of Orchard Grass for \$675,000.00. Orchard Grass owns both the Orchard Grass Sewer System, which includes the Sewage Treatment Plant, and the Willow Creek Sewer System, which includes the Sewage Treatment Plant. Since this is a stock purchase, there is no separate allocation of the amount paid for Orchard Grass Sewage Treatment Plant and the Willow Creek Sewage Treatment Plant.

B. What is the purchase price of the Willow Creek Sewage Treatment Plant?

ANSWER: The Oldham County Sanitation District is purchasing the stock of Orchard Grass for \$675,000.00. Orchard Grass owns both the Orchard Grass Sewer System, which includes the Sewage Treatment Plant, and the Willow Creek Sewer System, which includes the Sewage Treatment Plant. Since this is a stock purchase, there is no separate allocation of the amount paid for Orchard Grass Sewage Treatment Plant and the Willow Creek Sewage Treatment Plant.

DATA REQUEST NO. 4: Reference the JA Page 4, Item 4, which states the Orchard Grass and Willow Creek Wastewater Plants are in good condition and consistently meet State Water Quality Standards.

A. Provide documentation for the past two years that shows the said plants are meeting quality standards.

ANSWER: The applicable Discharge Monitoring Reports for the specified time period are attached as Attachment A.

B. Provide the name of the agency, name and title of the current individual, address and telephone number of the state agency that has been responsible for determining that the plants have met State Water Quality Standards.

ANSWER: The Kentucky Division of Water, Reilly Road, Frankfort, Kentucky 40601, telephone number 502-564-3210

C. In the past 5 years provide copies of any violation of the said plants from the State Water Quality Agency?

ANSWER: Objection. Orchard Grass objects to this data request on the basis that it requires speculation as to its meaning. However, without waiving this objection, Orchard Grass states that during the specified time period the Division of Water has not issued any citations for violations of the applicable regulations by the Willow Creek Wastewater Treatment Plant or the Orchard Grass Wastewater Treatment Plant.

1. For each violation provide the date, a discussion as to the remedy and actions to correct any problems.

ANSWER: Not applicable.

D. For the past five years provide copies of any complaints that have been received from residential customers of the said plants.

ANSWER: No written complaints have been received from any residential customers of Orchard Grass.

DATA REQUEST NO. 5: Is the Willow Creek Plant located in Oldham or Jefferson County or both? Provide documentation to prove the county location. Provide a copy of the most recent Property Tax Bill.

ANSWER: Objection, Orchard Grass objects to this data request as it requires speculation as to its meaning. Without waiving this request, the Willow Creek Waste Water Treatment Plant is located in Oldham County, Kentucky. See Attachment B.

DATA REQUEST NO. 6: Is the Orchard Grass Plant located in Oldham or Jefferson County or both? Provide documentation to prove the county location. Provide a copy of the most recent Property Tax Bill.

ANSWER: Objection, Orchard Grass objects to this data request as it requires speculation as to its meaning. Without waiving this request, the Orchard Grass Waste Water Treatment Plant is located in Oldham County, Kentucky. See Attachment C.

DATA REQUEST NO. 7: What are the number of Orchard Grass residential customer that are in Oldham County? What are the number of Orchard Grass residential customer that are in Jefferson County?

ANSWER: The Orchard Grass Waste Water Treatment Plant serves approximately 710 residential customers in Oldham County, and it has no residential customers in Jefferson County, Kentucky.

A. Provide a list of the name and address (including zip code) of the residential customers of the Orchard Grass Plant.

ANSWER: Objection. Orchard Grass objects to this request on the basis that it requests information that is irrelevant to this Joint Application.

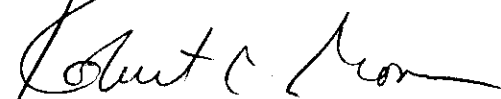
B. Provide a list of the name and address (including zip code) of the residential customers of the Willow Creek Plant.

ANSWER: Objection. Orchard Grass objects to this request on the basis that it requests information that is irrelevant to this Joint Application.

DATA REQUEST NO. 8: What are the number of Willow Creek residential customers that are in Oldham county? What are the number of Willow Creek residential customer that are in Jefferson County?

ANSWER: The Willow Creek Wastewater Treatment systems serves approximately 338 residential customers. Approximately 125 of these residential customers are located in Jefferson County, Kentucky and the remaining residential customers are located in Oldham County, Kentucky.

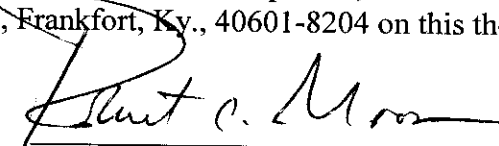
Respectfully submitted,



Robert C. Moore
HAZELRIGG & COX, LLP
P.O. Box 676
415 West Main Street
Frankfort, Kentucky 40602
Attorney for Orchard Grass Utilities Inc.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was served by first class mail, postage prepaid, on Edward Schoenbaechler, Hall, Render, Killian, Heath & Lyman, P.S.C., 2501 Nelson Miller Parkway, Louisville, Kentucky 40223, Robert L. Madison, 5407 Baywood Drive, Louisville, Ky., 40241-1318, and David Edward Spenard, Assistant Attorney General, 1024 Capital Center Drive, Suite 200, Frankfort, Ky., 40601-8204 on this the 1st day of March, 2004.



Robert C. Moore

ATTACHMENT A

RECEIVED

MAR 0 8 2004

PUBLIC SERVICE
COMMISSION

NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM: YEAR MO DAY TO YEAR MO DAY

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
SAMPLE MEASUREMENT			9.1			0 53	
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT			7.20			0 53	
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT	3.656	7.606				0 53	
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT	0.170	0.280				0 53	
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT	0.038	0.088				0 53	
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT			0.005			0 53	
PERMIT REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER

 TYPE OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER

 OFFICER/OWNER OR AUTHORIZED AGENT

TELEPHONE _____ DATE _____

AREA CODE _____ NUMBER _____ YEAR _____ MO _____ DAY _____

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

PERMITTEE NAME/ADDRESS
 NAME
 ADDRESS
 FACILITY
 LOCATION

PERMIT NUMBER
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	1.848	3.336						5 31	
PERMIT REQUIREMENT	11.2	25.4							
SAMPLE MEASUREMENT	SODA AVG	DAILY MX							
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

TELEPHONE
 DATE

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER/OWNER OR AUTHORIZED AGENT

YEAR MO DA

Backyard Environmental Laboratory
 3251 Bar Lodge Parkway
 Louisville, KY 40299
 (502) 266-6533

Paul A. Baker
 1/31/07

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME
ADDRESS

FACILITY
LOCATION

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM TO

YEAR MO DAY TO YEAR MO DAY

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT	7.316	16.68								
PERMIT REQUIREMENT	25.0	30.0								
SAMPLE MEASUREMENT	0.154	0.216								
PERMIT REQUIREMENT	8.17	16.3								
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 PREPARED UNDER MY DIRECT SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNING TO ASSURE THE ACCURATE AND COMPLETE INFORMATION SUBMITTED FOR THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TRUE, ACCURATE, AND COMPLETE, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE: Paul A. Barker
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER: Paul A. Barker
 OFFICER/OWNER OR AUTHORIZED AGENT: Paul A. Barker
 DATE: 03/17/80
 TELEPHONE: 502-238-3301
 AREA CODE: 502 NUMBER: 238-3301

PERMITTEE NAME/ADDRESS

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

FACILITY LOCATION

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			
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	2.65	4.003			31	60	130	130	130
PERMIT REQUIREMENT	11.7	23.4			300A BEO	7 DA BEO		WEEKLY	130A
SAMPLE MEASUREMENT					4	6	130	130	130
PERMIT REQUIREMENT	300A AVG	DAILY MX			300A AVG	DAILY MX		WEEKLY	130A
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT

DATE
 YEAR MO DAY

TELEPHONE

AREA CODE NUMBER

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPEDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM _____ TO _____
 YEAR MO DAY YEAR MO DAY

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			
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	3.157	7.823		7.9					
PERMIT REQUIREMENT	35.0 SODA AVE DAILY MAX	70.0 SODA AVE DAILY MAX							
SAMPLE MEASUREMENT	1.175	1.922							
PERMIT REQUIREMENT	2.0 SODA AVE DAILY MAX	3.0 SODA AVE DAILY MAX							
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT	0.089	0.480							
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE: Principal Executive Officer
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: [Signature]
 OFFICER/OWNER OR AUTHORIZED AGENT: [Signature]
 DATE: 11/26/13
 TELEPHONE NUMBER: 502-258-3330
 AREA CODE: 502 NUMBER: 258-3330
 MO: 11 DAY: 26
 TYPED OR PRINTED: _____
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): _____
 KEEP THIS COPY

KENTUCKY POLLUTION CONTROL ACT
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS
 NAME: [Faded]
 ADDRESS: [Faded]
 FACILITY: [Faded]
 LOCATION: [Faded]

PERMIT NUMBER: [Faded]
 DISCHARGE NUMBER: [Faded]
 MONITORING PERIOD:
 FROM: [Faded] TO: [Faded]

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			
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	1.499	2.794							
PERMIT REQUIREMENT	11.7	20.4							
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 [Signature: Cavonil F. Coogan]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
 [Signature: Paul D. Barker]

DATE: 11/26/03

TELEPHONE: [Faded]

AREA CODE: 502
 NUMBER: 238-3301

YR: 03
 MO: 11
 DA: 26

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 [Faded]

PERMITTEE NAME/ADDRESS
NAME _____
ADDRESS _____

PERMIT NUMBER _____
DISCHARGE NUMBER _____

MONITORING PERIOD
FROM: YEAR MO DAY TO YEAR MO DAY

FACILITY LOCATION

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			
SAMPLE MEASUREMENT				7.2			0	530	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT				0.60			0	530	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	3.498	6.072			4	5	0	530	Comp
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	0.451	0.859			0.65	1.61	0	530	Comp
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT					0.86	1.11	0	530	Comp
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	0.089	0.182			0.008	0.010	0	530	Comp
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER: *[Signature]*
 OFFICER/OWNER OR AUTHORIZED AGENT: *[Signature]*
 TELEPHONE: _____ DATE: _____
 AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DAY: _____

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckman Environmental Laboratory
 3251 Ruckelshaus Parkway
 Louisville, KY 40299
 TYPED OR PRINTED: *Paul A. Sarker*
 DATE: *10/28/83*

KENTUCKY POLLUTANT DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME _____
 ADDRESS _____

PERMIT NUMBER _____

DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	2.162	4.554			2	3		5.30	Comp
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
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PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
 OFFICER/OWNER OR AUTHORIZED AGENT

TELEPHONE _____ DATE _____

AREA CODE _____ NUMBER _____ YEAR _____ MO _____ DAY _____

502 228-1330 03 10 28

Beckman Environmental Laboratory
 3251 Ruckelshaus Parkway
 Louisville, KY 40290
 (502) 261-5332

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PAGE _____ OF _____

PERMITTEE NAME/ADDRESS _____
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM: YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT				7			0	431	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT				7.14	7.90		0	431	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	8.63	22.95		10	16		0	431	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	2.563	3.941		3.92	6.95		2	431	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT				1.97	4.08		0	431	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	0.093	0.186		0.005	0.010		0	231	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 CONNELL F. COYNE, JR.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER
 [Signature]

OFFICER/OWNER OR AUTHORIZED AGENT
 [Signature]

DATE
 9/23/83

TELEPHONE
 502-238-2101

AREA CODE
 502

NUMBER
 238-2101

YEAR
 83

MO
 09

DAY
 29

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

Beckman Environmental Laboratory
 3251 Rutledge Parkway
 Louisville, KY 40299

Paul A. Barker
 9/23/83

KEEP THIS COPY

PAGE 2 OF 2

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT					223	1200	1	531	
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	3.540	5.671			5	10	0	431	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
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PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER

 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT

 TELEPHONE NUMBER _____ DATE _____

AREA CODE _____ YEAR _____ MO _____ DAY _____

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

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME _____
ADDRESS _____

FACILITY _____
LOCATION _____

PERMIT NUMBER _____
DISCHARGE NUMBER _____

MONITORING PERIOD
FROM: YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT				7.0			0	5/31	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT				7.30			0	5/31	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	2.522	5.254			7	14	0	5/31	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	2.451	5.039			6.07	11.40	3	5/31	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT					1.45	2.31	0	5/31	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	0.050	0.097					0	16/31	CON
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT					0.010	0.010	0	31/31	Grab
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
 OFFICER/OWNER OR AUTHORIZED AGENT
 TELEPHONE _____ DATE _____
 AREA CODE _____ NUMBER _____ YEAR _____ MO _____ DAY _____

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 TYPED OR PRINTED
 Paul D. Barber
 Beckman Environmental Laboratory
 3251 Rutledge Parkway
 Louisville, KY 40290
 502-263-8522

PERMITTEE NAME/ADDRESS

NAME _____
ADDRESS _____

FACILITY _____
LOCATION _____

PERMIT NUMBER _____

DISCHARGE NUMBER _____

MONITORING PERIOD
FROM: YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT					45	155	0	5/31	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	1.118	3.536			4	8	0	5/31	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

TELEPHONE _____ DATE _____

AREA CODE _____ NUMBER _____ YEAR _____ MO _____ DA _____

507 238 7210 03 25

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT

Walter Lee

OFFICER/OWNER OR AUTHORIZED AGENT

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 TO THE SYSTEM. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR THE SYSTEM. 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.

Rockwell Environmental Laboratory
3251 Radwood Parkway
Louisville, KY 40229
502.261.6633

Paul A. Barker

8/1/03

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

KEEP THIS COPY

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY

FROM

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			
SAMPLE MEASUREMENT				7.3			0	4/30	Grab
PERMIT REQUIREMENT				6.70		7.30	0	WEEKLY	GRAB
SAMPLE MEASUREMENT				3.0		3.0	0	WEEKLY	GRAB
PERMIT REQUIREMENT				MINIMUM		8	0	4/30	Comp.
SAMPLE MEASUREMENT	4.30	12.173					0	WEEKLY	GRAB
PERMIT REQUIREMENT							0	WEEKLY	GRAB
SAMPLE MEASUREMENT	0.227	0.374					0	4/30	Comp.
PERMIT REQUIREMENT							0	WEEKLY	GRAB
SAMPLE MEASUREMENT	0.093	0.182					0	30/30	C/N
PERMIT REQUIREMENT							0	30/30	GRAB
SAMPLE MEASUREMENT							0	WEEKLY	GRAB
PERMIT REQUIREMENT							0	WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
Paul A. Barker

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
Paul A. Barker

AREA CODE NUMBER
 502 7383301

TELEPHONE

DATE

YEAR MO DAY

502 7383301 03 17 13

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER THE DIRECT SUPERVISION OF THE PERSONS WHO MANAGE THE OPERATION OF THIS SYSTEM AND THAT THE INFORMATION SUBMITTED IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Beckman Environmental Laboratory
 3251 Ruckelshaus Parkway
 Louisville, KY 40299
 (502) 266-0533

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PAGE OF 2

PERMITTEE NAME/ADDRESS

NAME
ADDRESS

DISCHARGE MONITORING PERMIT NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT					56	155	0	830	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	1.71	3.04		2	3		0	430	Comp
PERMIT REQUIREMENT	11.7	23.4							
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
Cousins F. Coyle, Jr.

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
[Signature]

OFFICER/OWNER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DATE
502 2387301 03 07 13

TELEPHONE

7/1/13

Paul A. Barker

"Return To KPDES Branch/DMR"

**KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS
 NAME
 ADDRESS
 FACILITY
 LOCATION

PERMIT NUMBER
 DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT				7.3			0	4/31	Grab
PERMIT REQUIREMENT				7.10			0	WEEKLY	GRAB
SAMPLE MEASUREMENT				4			0	4/31	Comp.
PERMIT REQUIREMENT				4			0	WEEKLY	GRAB
SAMPLE MEASUREMENT	3.246	5.304		1.06	2.05		0	4/31	Comp.
PERMIT REQUIREMENT	3.246	5.304		1.06	2.05		0	WEEKLY	GRAB
SAMPLE MEASUREMENT	0.896	2.215		2.09	3.57		0	4/31	Comp.
PERMIT REQUIREMENT	0.896	2.215		2.09	3.57		0	WEEKLY	GRAB
SAMPLE MEASUREMENT	0.129	0.185		0.005	0.010		0	31/31	CON
PERMIT REQUIREMENT	0.129	0.185		0.005	0.010		0	WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 [Signature] *Paul D. Barker*
 TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckman Environmental Laboratory
 3251 Reckreyel Parkway
 Louisville, KY 40299
 (502) 260-6533
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
 [Signature] *Paul D. Barker*
 OFFICER/OWNER OR AUTHORIZED AGENT
 TELEPHONE
 5-2-238333
 DATE
 2/06/23
 AREA CODE NUMBER
 502 238333
 YEAR MO DAY
 23 06 23
 PERMITS DIVISION
 6/13/03
 PAGE 2 OF 2

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

"Return To KPDES Branch/DMR"

PERMITTEE NAME/ ADDRESS

NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____

DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM: YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT					56	600	1	4/31	Grab
PERMIT REQUIREMENT					200	400		WEEKLY	GRAB
SAMPLE MEASUREMENT	4.032	7.172		5	8		0	4/31	Comp.
PERMIT REQUIREMENT	11.7	25.4	DAILY	10	20	DAILY		WEEKLY	COMPOUND
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER

 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER

 OFFICER/OWNER OR AUTHORIZED AGENT

TELEPHONE NUMBER _____ DATE _____

AREA CODE _____ YEAR _____ MO _____ DAY _____

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckman Environmental Laboratory
 3251 Ruckelshel Parkway
 Louisville, KY 40290
 (502) 260-6533

MINOR
 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
CAVLEN, DISSOLVED (00)	*****	*****	*****	7.7	*****	*****	(19)	0	5/30	Grab
EFFLUENT GROSS VALUE	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY GRAB	
PH	*****	*****	*****	6.90	*****	7.40	(12)	0	5/30	Grab
EFFLUENT GROSS VALUE	*****	*****	*****	MINIMUM	*****	MAXIMUM	MG/L		WEEKLY GRAB	
SOLIDS, TOTAL	10.51	29.19	(20)	*****	10	25	(19)	0	5/30	Comp.
SOLIDS, SUSPENDED	35.0	70.0	*****	*****	30DA AVG	DAILY MAX	MG/L		WEEKLY COMPO	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	(19)	0	5/30	Comp.
NITROGEN, AMMONIA TOTAL (P5 N)	2.175	5.280	(25)	*****	2.08	4.87	(19)	0	5/30	Comp.
EFFLUENT GROSS VALUE	*****	*****	*****	*****	30DA AVG	DAILY MAX	MG/L		WEEKLY COMPO	
PHOSPHORUS, TOTAL (AS P)	0.170	0.718	(03)	*****	1.25	2.93	(19)	0	5/30	Comp.
EFFLUENT GROSS VALUE	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY COMPO	
FLOW, IN CONDUIT OR TREATMENT PLANT	*****	*****	*****	*****	30DA AVG	DAILY MAX	MG/L		CONTINUOUS	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	30/30	CN
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	0.005	0.010	(19)	0	30/30	Grab
EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER: Carroll F. Cogan, Pres.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER: [Signature]
 OFFICER/OWNER OR AUTHORIZED AGENT: Max Low CFC
 TELEPHONE: 502 232 3300
 DATE: 03 05 21
 AREA CODE: 502
 NUMBER: 232 3300
 BECKMAN ENVIRONMENTAL LABORATORY
 3251 RUCKNEGEL PARKWAY
 LOUISVILLE, KY 40299
 (502) 266-6533
 TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

0012
 DISCHARGE NUMBER

PERMIT NUMBER: KY0044244

MONITORING PERIOD:
 FROM: 03/04/01 TO: 03/04/30

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			
SAMPLE MEASUREMENT COLIFORM, FECAL GENERAL	*****	*****	*****	*****	< 20	< 20	0	5/30	Grab
PERMIT REQUIREMENT	*****	*****	*****	*****	200	400 #/DA SEC		WEEKLY	GRAB
SAMPLE MEASUREMENT EFFLUENT GROSS VALUE	*****	8.173	(25)	*****	5	7	0	5/30	Comp.
PERMIT REQUIREMENT	*****	23.4	DAILY MX	*****	10	20		WEEKLY	COMPOS
SAMPLE MEASUREMENT BOD5 DAY 20C	*****	11.7	DAILY MX	*****	30DA AVG	DAILY MX	MG/L		
PERMIT REQUIREMENT	*****	30DA AVG	DAILY MX	*****					
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 Carroll F. Cogan, Pres.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER
 [Signature]

OFFICER/OWNER OR AUTHORIZED AGENT
 Paul A. Barber
 DATE: 5/28/03

BECKMAR ENVIRONMENTAL LABORATORY
 3251 RUCKRIEGEL PARKWAY
 LOUISVILLE, KY 40299
 (502) 266-6533

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

PERMITTEE NAME/ADDRESS: BECLMAR ENVIRONMENTAL LABORATORY
 NAME: BECLMAR ENVIRONMENTAL LAB
 ADDRESS: 3251 RUEKNEGEL PARKWAY
LOUISVILLE, KY 40299
 FACILITY: BECLMAR ENVIRONMENTAL LAB
 LOCATION: LOUISVILLE, KY 40299

PERMIT NUMBER: 10012 DISCHARGE NUMBER: 10012

MONITORING PERIOD: FROM 03 03 01 TO 03 03 31

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
PERMIT REQUIREMENT			7.4		0	4/31	Grab
PERMIT REQUIREMENT			INST. MIN				
PERMIT REQUIREMENT			6.60		0	4/31	Grab
PERMIT REQUIREMENT							
PERMIT REQUIREMENT	14.33	26.2		9	0	4/31	Comp.
PERMIT REQUIREMENT							
PERMIT REQUIREMENT	3.703	12.64		2.18	0	4/31	Comp.
PERMIT REQUIREMENT							
PERMIT REQUIREMENT				2.09	0	4/31	Comp.
PERMIT REQUIREMENT							
PERMIT REQUIREMENT	0.170	0.718			0	31/31	C/N
PERMIT REQUIREMENT							
PERMIT REQUIREMENT				0.003	0	31/31	Grab
PERMIT REQUIREMENT							

NAME/TITLE: Carroll F. Cogan, Jr. OFFICER/OWNER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE: [Signature]

AREA CODE: 502 NUMBER: 238330 DATE: 03 04 28

TELEPHONE: _____

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
 "Return To KPDES Branch/DJMH"
 DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS
 C. C. & GREEN SONS
 11000 GREEN HILL RD
 GREEN HILL, KY 40114

PERMIT NUMBER
 KY 0043234

DISCHARGE NUMBER
 0012

MONITORING PERIOD
 FROM 03 02 01 TO 03 03 01

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			
SAMPLE MEASUREMENT					< 20		0	4/31	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	10.80	15.46		7			0	4/31	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 Carolyn F. Coyle, P.E.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER
 [Signature]

OFFICER/OWNER OR AUTHORIZED AGENT
 W. J. [Signature]

TELEPHONE NUMBER
 502 238 7301

DATE
 03 04 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckman Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 263-6533

4/25/03

Paul A. Barker

PERMIT NUMBER: 517043339
 DISCHARGE NUMBER: 0012

MONITORING PERIOD
 FROM: YEAR 03, MO 02, DAY 01 TO YEAR 03, MO 02, DAY 02

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			
SAMPLE MEASUREMENT				6.3		1	4/28	Grab
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT				7.40		0	4/28	Grab
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT	15.88	24.60	17			04	4/28	Comp.
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT	0.484	0.813		0.57	1.25	0	4/28	Comp.
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT	0.170	0.718		1.65	2.78	0	4/28	Comp.
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT				0.003	0.010	0	17/28	C/N
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT						0	28/28	Grab
PERMIT REQUIREMENT								

NAME/TITLE: Carroll F. Cogan (Signature)
 OFFICER/OWNER OR AUTHORIZED AGENT
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
 TELEPHONE: 502 278 3301
 DATE: 03 03 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckmar Environmental Laboratory
 3251 Ruehnegel Parkway
 Louisville, KY 40299
 502.266.6333

PERMITTEE NAME/ADDRESS: **BECKMAR ENVIRONMENTAL LAB**
 NAME: **BECKMAR ENVIRONMENTAL LAB**
 ADDRESS: **3251 RUCKNEGEL PARKWAY**
 FACILITY: **BECKMAR ENVIRONMENTAL LAB**
 LOCATION: **LOUISVILLE, KY 40299**

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)
 "Return To KPDES Branch/DMR"
 PERMIT NUMBER: **0000000000**
 DISCHARGE NUMBER: **0000000000**
 MONITORING PERIOD: FROM **03/01/03** TO **03/02/03**

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
SAMPLE MEASUREMENT	7.435	14.81		655	0	17	Grab
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER: **Carroll F. Cogan**
 TYPED OR PRINTED: **Carroll F. Cogan**
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER: **[Signature]**
 OFFICER/OWNER OR AUTHORIZED AGENT: **Paul A. Barker**
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER: **[Signature]**
 TELEPHONE: **502 2383301**
 AREA CODE: **502**
 NUMBER: **2383301**
 DATE: **03 03 03**

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH THE 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. I AM AWARE OF THE PENALTY FOR KNOWINGLY AND BELIEVING THE INFORMATION TO BE FALSE, INACCURATE, AND COMPLETELY UNRELIABLE. I AM AWARE OF THE PENALTY FOR KNOWINGLY AND BELIEVING THE INFORMATION TO BE FALSE, INACCURATE, AND COMPLETELY UNRELIABLE. I AM AWARE OF THE PENALTY FOR KNOWINGLY AND BELIEVING THE INFORMATION TO BE FALSE, INACCURATE, AND COMPLETELY UNRELIABLE. I AM AWARE OF THE PENALTY FOR KNOWINGLY AND BELIEVING THE INFORMATION TO BE FALSE, INACCURATE, AND COMPLETELY UNRELIABLE.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 Beckmar Environmental Laboratory
 3251 Rucknegel Parkway
 Louisville, KY 40299
 (502) 266-6523
 Paul A. Barker
 3/26/03

PERMITTEE NAME/ADDRESS: **BECKHAR ENVIRONMENTAL LAB**
 NAME: **3251 KUCKRIEGEL PARKWAY**
 ADDRESS: **LOUISVILLE, KY 40299**
 FACILITY: **BECKHAR ENVIRONMENTAL LAB**
 LOCATION: **3251 KUCKRIEGEL PARKWAY, LOUISVILLE, KY 40299**

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)
 "Return To KPDES Branch/DMR"
 PERMIT NUMBER: **0012**
 DISCHARGE NUMBER: **0012**

MONITORING PERIOD: FROM **03/01/01** TO **03/31/01**
 YEAR MO DAY TO YEAR MO DAY

MANUP: **0012**
 COLOR: **0012**
 F: **0012**
 SANTIAGO MASTER
 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			
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT				8.3		0	5/31
SAMPLE MEASUREMENT				6.80		0	5/31
PERMIT REQUIREMENT				7.80		0	5/31
SAMPLE MEASUREMENT	97.59	239.1		40	4	4	5/31
PERMIT REQUIREMENT				66		4	5/31
SAMPLE MEASUREMENT	3.776	9.026		2.83	0	0	5/31
PERMIT REQUIREMENT				7.05		0	5/31
SAMPLE MEASUREMENT	0.170	0.718		2.10	0	0	5/31
PERMIT REQUIREMENT				3.57		0	5/31
SAMPLE MEASUREMENT				0.000	0	0	31/31
PERMIT REQUIREMENT				0.000		0	31/31

NAME/TITLE: **Carroll F. Cogan, Principal**
 OFFICER/OWNER OR AUTHORIZED AGENT: **Paul A. Barker**
 SIGNATURE OF PRINCIPAL EXECUTIVE: *[Signature]*
 OFFICER/OWNER OR AUTHORIZED AGENT: *[Signature]*
 TELEPHONE: **502 238-3332**
 AREA CODE: **502**
 NUMBER: **238-3332**
 DATE: **02/02/03**
 YEAR MO DAY

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED IN ACCORDANCE WITH THE SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS RESPONSIBLE FOR GATHERING THE INFORMATION SUBMITTED, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ARE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR KNOWING VIOLATIONS, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

BECKHAR Environmental Laboratory
 3251 Kuckriegel Parkway
 Louisville, KY 40299
 (502) 266-6533

KEEP THIS COPY OF 2

PERMITTEE NAME/ADDRESS: **BECKMAN CHEEK SUND**
 ADDRESS: **3251 RUECKNEGEL PARKWAY, LOUISVILLE, KY 40299**
 FACILITY: **BECKMAN CHEEK SUND**
 LOCATION: **3251 RUECKNEGEL PARKWAY, LOUISVILLE, KY 40299**

PERMIT NUMBER: **001224**
 DISCHARGE NUMBER: **0012**

MONITORING PERIOD: FROM **03 01 01** TO **03 01 01**

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT	20.80	54.88		9		5/31	Grab
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							

NAME/TITLE: **Clayton F. Cegay, Pres.**
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER: *Clayton F. Cegay*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT: *Paul D. Barker*

TELEPHONE: **502 238 3301**

DATE: **03 02 03**

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

BECKMAN ENVIRONMENTAL LABORATORY
 3251 RUECKNEGEL PARKWAY
 LOUISVILLE, KY 40299
 (502) 266-6533

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DOW DMR-01-288

PAGE 2 OF 2

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____ DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT				7.0		0	431	Grab
PERMIT REQUIREMENT				MINIMUM				
SAMPLE MEASUREMENT				6.80	7.10	0	431	Grab
PERMIT REQUIREMENT				MINIMUM	MAXIMUM			
SAMPLE MEASUREMENT	85.68	164.4		25	48	2	431	Contau
PERMIT REQUIREMENT	SODA AVG	DAILY MX						
SAMPLE MEASUREMENT	1.942	2.806		0.63	1.26	0	431	Contau
PERMIT REQUIREMENT	SODA AVG	DAILY MX						
SAMPLE MEASUREMENT				1.89	3.21	0	431	Contau
PERMIT REQUIREMENT				SODA AVG	DAILY MX			
SAMPLE MEASUREMENT	0.170	0.718		0.003	0.010	0	2331	Cont
PERMIT REQUIREMENT	SODA AVG	INST MAX						
SAMPLE MEASUREMENT						0	3131	Grab
PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 David F. Coyan, Jr.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
David F. Coyan, Jr.

OFFICER OR AUTHORIZED AGENT
 Paul A. Barker
 1/15/03

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

TELEPHONE _____ DATE _____

AREA CODE _____ NUMBER _____ YEAR _____ MO _____ DAY _____

522 232 3351 03 01 27

Beginline Environmental Laboratory
 3251 Redwood Parkway
 Louisville, KY 40299
 502-596-6533

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PAGE _____ OF 7

DOW DMR-01 2/89

NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____

DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT					20			431	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	10.10	18.36			3	4		131	Comp
PERMIT REQUIREMENT	10.10 AVG DAILY MAX								
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

TELEPHONE NUMBER _____
 AREA CODE _____
 DATE YEAR MO DAY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 [Signature]

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDSES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility No. and Location if different)
 NAME: KY00045227
 ADDRESS: 3251 RUCKELGEL PARKWAY
 FACILITY: BECKMAR ENVIRONMENTAL LAB
 LOCATION: LOUISVILLE, KY 40299

PERMIT NUMBER: KY00045227
 DISCHARGE NUMBER: []

MONITORING PERIOD
 FROM: YEAR 01 MO 11 DAY 01 TO YEAR 02 MO 11 DAY 31

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	MAXIMUM			
0200 DISSOLVED SOLID (DU)			7.9		0	4/30	Grab
0200 EFFLUENT GROSS VALUE			INST MIN				
0400 1 0 0			6.90	7.50	0	4/30	Grab
0400 EFFLUENT GROSS VALUE			MINIMUM	MAXIMUM			
0600 1 0 0	44.9	110.9			2	4/30	Comp.
0600 EFFLUENT GROSS VALUE							
0600 NITROGEN, AMMONIA							
0600 TOTAL (AS N)	0.918	2.23	0.61	0.93	0	4/30	Comp.
0600 EFFLUENT GROSS VALUE							
0600 AMMONIA, TOTAL							
0600 1 0 0							
0600 EFFLUENT GROSS VALUE							
0600 CHLORIDE OR							
0600 TREATMENT PLANT	0.170	0.718			0	30/30	C/N
0600 EFFLUENT GROSS VALUE							
0600 1 0 0							
0600 RESIDUAL			0.005	0.010	0	30/30	Grab
0600 EFFLUENT GROSS VALUE							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *David F. Cogan*
 TYPED OR PRINTED: []
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: *David F. Cogan*
 OFFICER OR AUTHORIZED AGENT: []
 TELEPHONE: []
 DATE: 02/12/27
 AREA CODE: 502
 NUMBER: 438-3330

Beckmar Environmental Laboratory
 3251 Ruckelgel Parkway
 Louisville, KY 40299
 (502) 266-6533

Paul D. Barker 12/27/02

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DOW DMR-01/298 PAGE 02

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
WILLOW GREEN SUEDE
ADDRESS 10 BECKNAR ENVIRONMENTAL LAB
3251 RUCKNIEGEL PKWY
LOUISVILLE, KY 40209
FACILITY WILLOW GREEN SUEDE
LOCATION GREENWOOD
CONTROL POINT

PERMIT NUMBER KY0046244
DISCHARGE NUMBER 001 E

MONITORING PERIOD
FROM 02 11 01 TO 02 11 31
YEAR MO DAY

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			
COLIFORM, FECHAL GENERAL	*****	*****	*****	*****	0	5:30	Grab
EFFLUENT GROSS VALUE	3.964	8.799	(EQ)	*****	0	4:30	Comp.
WATERBORNE SOLIDS	11.7	23.4	DAILY MG	*****	0	4:30	Comp.
EFFLUENT GROSS VALUE	3.00A AVG	DAILY MG	LBS/DY	*****	0	4:30	Comp.
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED
Consolidated Co. Inc.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Handwritten signature
TELEPHONE
502 438 3301
AREA CODE NUMBER
02 12 87
DATE
MO YEAR DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Becknar Environmental Laboratory
3251 Ruckriegel Parkway
Louisville, KY 40209
12/27/02
Paul A. Barker
PAGE 02

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME: WALTON CREEK SUBD
 ADDRESS: 5000 WALTON CREEK SUBD
 FACILITY: WALTON CREEK SUBD
 LOCATION: WALTON CREEK SUBD

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
 DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER: 0000000000
 DISCHARGE NUMBER: 0000000000

MONITORING PERIOD:
 FROM: 02 10 01 TO: 02 10 01

DATE: 02/10/01

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			
0000 1 0 0 DAILY DISSOLVED (NO)				7.4		0	5/31	Grab
0000 1 0 0 EFFLUENT GROSS VALUE				INST. MIN				
0000 1 0 0 EFFLUENT GROSS VALUE				7.00		0	5/31	Grab
0000 1 0 0 EFFLUENT GROSS VALUE				MINIMUM				
0000 1 0 0 EFFLUENT GROSS VALUE	126.6	588.5			28	2	5/31	Comp.
0000 1 0 0 EFFLUENT GROSS VALUE								
0000 1 0 0 EFFLUENT GROSS VALUE	3.360	11.99				4	5/31	Comp.
0000 1 0 0 EFFLUENT GROSS VALUE								
0000 1 0 0 EFFLUENT GROSS VALUE								
0000 1 0 0 EFFLUENT GROSS VALUE	0.170	0.718				0	29/31	C/N
0000 1 0 0 EFFLUENT GROSS VALUE								
0000 1 0 0 EFFLUENT GROSS VALUE					0.003	0	31/31	Grab
0000 1 0 0 EFFLUENT GROSS VALUE								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Carroll F. Coogan

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Paul A. Sarker

AREA CODE NUMBER
 502 2383301

TELEPHONE NUMBER
 502 2383301

DATE
 11/25/02

YEAR MO DAY
 02 11 24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 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 PERSONS WHO MANAGE THE FACILITY, I BELIEVE 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.

Beckman Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 265-6533

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PAGE 1 OF 2

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPEDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____ DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
TOTAL DROSS VALUE	SAMPLE MEASUREMENT					0	4/30	Grab
	PERMIT REQUIREMENT			7.0				
TOTAL DROSS VALUE	SAMPLE MEASUREMENT					0	4/30	Grab
	PERMIT REQUIREMENT			6.90				
TOTAL DROSS VALUE	SAMPLE MEASUREMENT	5.75	7.31			0	4/30	Comp.
	PERMIT REQUIREMENT							
TOTAL DROSS VALUE	SAMPLE MEASUREMENT	6.125	11.05			4	4/30	Comp.
	PERMIT REQUIREMENT							
TOTAL DROSS VALUE	SAMPLE MEASUREMENT					0	4/30	Comp.
	PERMIT REQUIREMENT							
TOTAL DROSS VALUE	SAMPLE MEASUREMENT	0.170	0.718			0	30/30	C/N
	PERMIT REQUIREMENT							
TOTAL DROSS VALUE	SAMPLE MEASUREMENT					0	30/30	Grab
	PERMIT REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT

TELEPHONE _____ DATE _____

AREA CODE _____ NUMBER _____ YEAR _____ MO _____ DAY _____

502 2383301 02 10 25

Beckman Environmental Laboratory
 3251 Ruehnegel Parkway
 Louisville, KY 40299
 (502) 266-0333

Paul A. Barker 10/23/02

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____ DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
CROSS VALVE	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT						4/30	Grab
CROSS VALVE	SAMPLE MEASUREMENT	2.214	3.403		3	0	4/30	Comp.
	PERMIT REQUIREMENT	3000 AVG DAILY EX						
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED
 Carroll F. Cogswell

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

TELEPHONE
 AREA CODE NUMBER

DATE
 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckmar Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 260-6533

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PAGE 2

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
0001				7.0		0	5/31	Grab
0002				7.30	7.60	0	5/31	Grab
0003				MINIMUM				
0004	10.52	27.76			22	0	5/31	Comp.
0005	2.760	3.28			6.14	5	5/31	Comp.
0006	0.170	0.718			3.28	0	5/31	Comp.
0007					0.005	0	19/31	Grab
0008								
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED: Kevin F. Cogan, Pres.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Paul A. Barker

TELEPHONE: _____

DATE: _____

AREA CODE: _____ NUMBER: _____

YEAR: _____ MO: _____ DAY: _____

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 Beckmar Environmental Laboratory
 3251 Rucktegel Parkway
 Louisville, KY 40299
 (502) 266-6533

9/27/02

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPEDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
MEASUREMENT					44	1060	1	5/31	Grab
PERMIT REQUIREMENT									
MEASUREMENT	2.012	3.736		4	7		0	5/31	Comp.
PERMIT REQUIREMENT									
MEASUREMENT									
PERMIT REQUIREMENT									
MEASUREMENT									
PERMIT REQUIREMENT									
MEASUREMENT									
PERMIT REQUIREMENT									
MEASUREMENT									
PERMIT REQUIREMENT									
MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED

 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 TELEPHONE NUMBER

 DATE
 YEAR MO DAY
 2002 09 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckmar Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 266-6333

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME: Beckman Environmental Lab
 ADDRESS: 3251 Ruckriegel Parkway, Louisville, KY 40299
 FACILITY: Beckman Environmental Lab
 LOCATION: KY 40299

PERMIT NUMBER: KY0000000000
 DISCHARGE NUMBER: 0000000000

MONITORING PERIOD
 FROM: YEAR 02 MO 04 DAY 01 TO YEAR 02 MO 04 DAY 01

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
TOXIC DISCHARGE (LBS/D)				7.0		0	4/30	Grab	
TOXIC GROSS VALUE				6.90		0			
TOXIC NET						0	4/30	Grab	
TOXIC GROSS VALUE		42.20			23	0	4/30	Comp.	
TOXIC NET		10.43			4.28	4	4/30	Comp.	
TOXIC GROSS VALUE					4.49	0	4/30	Comp.	
TOXIC NET						0	30/30	C/N	
TOXIC GROSS VALUE					0.010	0	30/30	Grab	
TOXIC NET									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 TO THE SYSTEM OF THIS PERSONS DIRECT RESPONSIBILITY TO MANAGE THE SYSTEM OF THIS PERSONS DIRECT RESPONSIBILITY TO MANAGE 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.							TELEPHONE: 502 278 7701 DATE: 02 07 26	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	TYPED OR PRINTED: Carol F. Cooney, P.E. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: <i>Paul A. Barker</i> OFFICER OR AUTHORIZED AGENT: Paul A. Barker BECKMAN ENVIRONMENTAL LABORATORY 3251 Ruckriegel Parkway Louisville, KY 40299 (502) 266-6533							AREA CODE: 502 NUMBER: 278 7701	

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPEDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

DISCHARGE NUMBER _____
 PERMIT NUMBER _____
 MONITORING PERIOD:
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT					54	72	0	5/30	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	6.79	11.01			4	6	0	4/30	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
 OFFICER OR AUTHORIZED AGENT

TELEPHONE _____
 DATE _____

AREA CODE _____
 NUMBER _____
 YEAR _____
 MO _____
 DAY _____

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Beckman Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 266-5533
 Paul A. Barker 7/18/02
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KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

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

NAME
ADDRESS
FACILITY
LOCATION

PERMIT NUMBER
DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY

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
PERMIT REQUIREMENT				7.1		0	4/31	Grab		
PERMIT REQUIREMENT				7.40	8-10	0	4/31	Grab		
MEASUREMENT	57.44	136.6								
PERMIT REQUIREMENT										
MEASUREMENT	8.353	14.673								
PERMIT REQUIREMENT										
MEASUREMENT	0.170	0.718								
PERMIT REQUIREMENT										
MEASUREMENT	0.000	0.000								
PERMIT REQUIREMENT										
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 BY A QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED TO THE SYSTEM FOR THOSE PERSONS WHOSE MANAGEMENT OF THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR 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.										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE			DATE	
Cavallif, Cogau, Pius			<i>[Signature]</i>			502 238 339			02 02 25	

Beckman Environmental Laboratory
3251 Ruckriegel Parkway
Louisville, KY 40299
(502) 266-6533

Paul A. Barker
6/20/02

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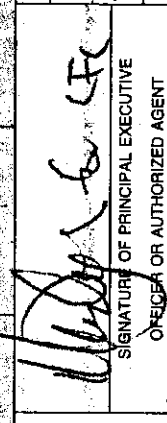
KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME: BECKMAN ENVIRONMENTAL LAB
 ADDRESS: 3251 RUCKTRIEGEL PARKWAY
 FACILITY: BECKMAN ENVIRONMENTAL LAB
 LOCATION: LOUISVILLE, KY

PERMIT NUMBER: 0000000000
 DISCHARGE NUMBER: 0000000000
 MONITORING PERIOD
 FROM: YEAR 02 MO 04 DAY 01 TO YEAR 02 MO 04 DAY 01

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			
EFFLUENT GROSS VALUE	65.00	102.7	MG/L	7.1	0	5/30	Grab
EFFLUENT GROSS VALUE	7.40	7.60	MG/L	7.40	0	5/30	Grab
EFFLUENT GROSS VALUE	30	39	MG/L		10	5/30	Comp.
EFFLUENT GROSS VALUE	1.18	1.77	MG/L		0	5/30	Comp.
EFFLUENT GROSS VALUE	1.50	1.82	MG/L		0	5/30	Comp.
EFFLUENT GROSS VALUE	0.003	0.010	MG/L		0	30/30	C/N
EFFLUENT GROSS VALUE	0.170	0.718	MG/L		0	30/30	Grab

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 Paul A. Barker

BECKMAN ENVIRONMENTAL LABORATORY
 3251 RUCKTRIEGEL PARKWAY
 LOUISVILLE, KY 40299
 (502) 266-6533

TELEPHONE: 502 266 6533 AREA CODE: 502 NUMBER: 266 6533

DATE: YEAR 02 MO 05 DAY 24

NAME/TITLE: Paul A. Barker
 TYPED OR PRINTED: Paul A. Barker

COMMENT AND EXPLANATION OF ANY VARIATIONS (Reference all attachments here):
5/24/02

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPEDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME
 ADDRESS
 FACILITY
 LOCATION

PERMIT NUMBER
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM TO

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			
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	12.41	19.85			6	72	0	5/30	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

Signature for AEC

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT

Paul A. Baden

Beckman Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 266-0533

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

Carroll F. Cogan pres

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDSES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

NOTE: Read instructions before completing this form.

PARAMETER	QUALITY OR CONCENTRATION		QUANTITY OR LOADING		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MINIMUM	MAXIMUM	UNITS			
TOXIC ORGANICS VALUE		7.2			0	4/31	Grab
TOXIC ORGANICS VALUE		7.40			0	4/31	Grab
TOXIC ORGANICS VALUE	53.69		102.38		2	4/31	omp.
TOXIC ORGANICS VALUE	1.610		3.831		0	4/31	omp.
TOXIC ORGANICS VALUE					0	4/31	omp.
TOXIC ORGANICS VALUE					0	31/31	C/N
TOXIC ORGANICS VALUE		0.005	0.010		0	31/31	Grab

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
 OFFICER OR AUTHORIZED AGENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Carroll F. Cogan (Jr)
 TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckman Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 266-0333

TELEPHONE _____
 AREA CODE _____ NUMBER _____

DATE _____

502 266-3301
 4/25/02

Paul A. Barker

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____

DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM: YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT					< 24	40		431	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	13.044	16.51			6	9	0	431	omp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

TELEPHONE _____
 AREA CODE _____ NUMBER _____
 DATE _____

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Matthew Fox

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED
 Matthew Fox, P.E.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckman Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40293
 (502) 256-6333

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different) _____
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____ DISCHARGE NUMBER _____

MONITORING PERIOD FROM _____ TO _____
 YEAR MO DAY YEAR MO DAY

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT		PERMIT REQUIREMENT		QUALITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
COU				8.4					0	4/28	Grab
COU				6.90		7.80			0	4/28	Grab
COU	48.18	96.83			24	45			0	4/28	Comp.
COU	1.033	1.937			0.56	0.90			0	4/28	Comp.
COU	0.170	0.718			3.13	8.65			0	4/28	Comp.
COU					0.005	0.010			0	28/28	C/N

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Carroll F. Cooney, Jr.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Paul A. Barker

TELEPHONE
 502-338-3391

DATE
 03/29/02

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 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 PERSONS WHO MANAGE THE FACILITY, THE INFORMATION IS 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.

BECKMAN Environmental Laboratory
 3251 Rucknagel Parkway
 Louisville, KY 40299
 (502) 266-6533

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PAGE 2 OF 2

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPEDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
MEASUREMENT					< 20		4/28	Grab
PERMIT REQUIREMENT								
MEASUREMENT	13.357	32.28			7	15	4/28	Comp
PERMIT REQUIREMENT								
MEASUREMENT								
PERMIT REQUIREMENT								
MEASUREMENT								
PERMIT REQUIREMENT								
MEASUREMENT								
PERMIT REQUIREMENT								
MEASUREMENT								
PERMIT REQUIREMENT								
MEASUREMENT								
PERMIT REQUIREMENT								
MEASUREMENT								
PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 OFFICER OR AUTHORIZED AGENT

TELEPHONE _____
 DATE _____
 AREA CODE _____
 NUMBER _____
 YEAR _____
 MO _____
 DAY _____

Beckman Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 266-6533

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

 TYPED OR PRINTED NAME

 DATE

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPEES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name, Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT					103	> 1200	3	5/31	Grnt
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	9.688	28.44			4	5	0	5/31	Comp
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Carr. W. F. Ogay, Jr.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

TELEPHONE NUMBER
 238-3301

AREA CODE
 502

DATE
 02 02 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckman Environmental Laboratory
 3251 Rucknegal Parkway
 Louisville, KY 40200
 (502) 266-6533

Paul D. Barker 2/13/02

NAME: _____ ADDRESS: _____ FACILITY: _____ LOCATION: _____

PERMIT NUMBER: _____ DISCHARGE NUMBER: _____

MONITORING PERIOD: FROM YEAR MO DAY TO YEAR MO DAY

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
SAMPLE MEASUREMENT			9.3		0	5-31	Chat
PERMIT REQUIREMENT			REPORT INST MIN				WEEKLY (WAB)
SAMPLE MEASUREMENT			7.40	8.30	0	5-31	Chat
PERMIT REQUIREMENT			MINIMUM	MAXIMUM			WEEKLY (WAB)
SAMPLE MEASUREMENT	25.74	43.68	7	11	0	5-31	Comp
PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX					WEEKLY (WAB)
SAMPLE MEASUREMENT	0.885	1.257	0.27	0.48	0	5-31	Comp
PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX					WEEKLY (WAB)
SAMPLE MEASUREMENT	0.397	0.616			0	5-31	Comp
PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX					WEEKLY (WAB)
SAMPLE MEASUREMENT					0	5-31	Chat
PERMIT REQUIREMENT							WEEKLY (WAB)
SAMPLE MEASUREMENT			20	20	0	5-31	Chat
PERMIT REQUIREMENT							WEEKLY (WAB)
SAMPLE MEASUREMENT					0	5-31	Chat
PERMIT REQUIREMENT							WEEKLY (WAB)

NAME/TITLE: Principal Executive Officer/Owner

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER: [Signature]

OFFICER/OWNER OR AUTHORIZED AGENT: [Signature]

TELEPHONE: 502 238 3391

DATE: 01 30

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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DOW DMR-01 2/88

PAGE 1 OF 2

PERMITTEE NAME/ADDRESS: CONSULT COGNATE INC
 ADDRESS: 1000 W. 10th St. Louisville, KY 40203
 FACILITY: 1000 W. 10th St. Louisville, KY 40203
 LOCATION: 1000 W. 10th St. Louisville, KY 40203

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
 "Return To KPDES Branch/DMR"
 DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER: 001-1
 DISCHARGE NUMBER: 001-1

MONITORING PERIOD:
 FROM: 03/01/01 TO: 03/31/01
 YEAR: 03 MO: 03 DAY: 01
 YEAR: 03 MO: 03 DAY: 31

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			
SAMPLE MEASUREMENT	8.370	14.56			2	3	0	501	Comp
PERMIT REQUIREMENT	REPORT DAILY MAX VALUE	REPORT DAILY MAX VALUE			REPORT DAILY AVG	REPORT DAILY MAX			
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE: Principal Executive Officer/Owner
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT: [Signature]
 OFFICER/OWNER OR AUTHORIZED AGENT: Paul A. Baker
 DATE: 03/01/01
 TELEPHONE NUMBER: 270-720-1100
 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 FOR THIS REPORT. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
None

DMR-01-288

PERMITTEE NAME/ADDRESS

NAME
ADDRESS
FACILITY
LOCATION

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

"Return To KPDES Branch/DMR"

PERMIT NUMBER
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM TO

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			
DISCHARGE							
0					0	430	Qual
0						WEEKLY	
0					0	430	Qual
0						WEEKLY	
0					0	430	Comp
0						WEEKLY	
0					0	430	Comp
0						WEEKLY	
0					0	3030	Comp
0						WEEKLY	
0					0	430	Qual
0						WEEKLY	
0					0	430	Qual
0						WEEKLY	

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 TO 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 Signature: *Carroll F. Coggin*
 OFFICER/OWNER OR AUTHORIZED AGENT
 Signature: *Walter Cofer*
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 TELEPHONE
 DATE
 AREA CODE NUMBER
 YEAR MO DAY

502 2283301 03 12 30

PAGE 1 OF 2
 12/30/13

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PERMITTEE NAME/ADDRESS
 NAME
 ADDRESS
 FACILITY
 LOCATION

PERMIT NUMBER
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM TO
 YEAR MO DAY YEAR MO DAY

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			
SAMPLE MEASUREMENT	2.102	2.335			2		0	4 30	Comp
PERMIT REQUIREMENT	REPORT 30DA AVG DAILY MX	REPORT 30DA AVG DAILY MX			REPORT 30DA AVG DAILY MX			WEEKLY	COMPOUNDS
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 TYPED OR PRINTED
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
 OFFICER/OWNER OR AUTHORIZED AGENT
 TELEPHONE NUMBER
 DATE
 AREA CODE NUMBER YEAR MO DAY

PERMITTEE NAME/ADDRESS: "Return To KPDES Branch/DMR"
 DISCHARGE MONITORING REPORT (DMR)

NAME: _____ ADDRESS: _____ FACILITY: _____ LOCATION: _____

PERMIT NUMBER: _____ DISCHARGE NUMBER: _____

MONITORING PERIOD: YEAR MO DAY TO YEAR MO DAY

FROM: _____

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			
SAMPLE MEASUREMENT				8.1			0	4.31	Grat
PERMIT REQUIREMENT				REPORT INST MIN				WEEKLY GRAB	
SAMPLE MEASUREMENT				7.60			0	4.31	Grat
PERMIT REQUIREMENT				MINIMUM				WEEKLY GRAB	
SAMPLE MEASUREMENT	4.291	6.505	(2.5)	4	7.80	(1.2)	0	4.31	Comp
PERMIT REQUIREMENT	REPORT DAILY MAX	REPORT DAILY MAX	(2.5)	30	9.0	(1.2)	0	4.31	Comp
SAMPLE MEASUREMENT	0.833	1.634	(2.5)	0.68	1.01	(1.2)	0	4.31	Comp
PERMIT REQUIREMENT	REPORT DAILY MAX	REPORT DAILY MAX	(2.5)	REPORT DAILY MAX	REPORT DAILY MAX	(1.2)	0	4.31	Comp
SAMPLE MEASUREMENT	0.145	0.352	(0.1)				0	31.31	CON
PERMIT REQUIREMENT	REPORT DAILY MAX	REPORT INST MAX	(0.1)					CONTINUOUS FLOWS	
SAMPLE MEASUREMENT				0.008	0.010	(1.7)	0	31.31	Grat
PERMIT REQUIREMENT	REPORT DAILY MAX	REPORT DAILY MAX		0.01	0.019	(1.7)		WEEKLY GRAB	
SAMPLE MEASUREMENT				56	1.00	(1.0)	1	4.31	Grat
PERMIT REQUIREMENT	REPORT DAILY MAX	REPORT DAILY MAX		200	7.00	(1.0)		WEEKLY GRAB	
NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER/OWNER COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) TYPED OR PRINTED: _____ SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER: _____ OFFICER/OWNER OR AUTHORIZED AGENT: _____ TELEPHONE: _____ DATE: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____									

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS
 ADDRESS
 FACILITY
 LOCATION

PERMIT NUMBER
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT	2.831	4.854	UNITS		2	3	0	431	Comp
PERMIT REQUIREMENT	REPORT 300A AVE	REPORT DAILY MAX			REPORT	REPORT DAILY MAX		WEEKLY COMPOS	
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 TYPED OR PRINTED
 OFFICER/OWNER OR AUTHORIZED AGENT

TELEPHONE
 DATE

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

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 OR OPERATE THE FACILITY. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT				7.7			0	5:30	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT				6.90			0	5:30	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	8.584	18.35			7	17	0	5:30	Comp
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	0.319	0.385			0.26	0.35	0	5:30	Comp
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	0.190	0.472					0	30:30	CON
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT					0.008	0.010	0	5:30	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT					194	1200	3	8:30	Grab
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 David F. Cogswell, Inc.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
 [Signature]
 OFFICER/OWNER OR AUTHORIZED AGENT

TELEPHONE NUMBER _____ DATE _____

AREA CODE _____ NUMBER _____ YEAR _____ MO _____ DAY _____

502 238-2300 09 10 20

Beckmar Environmental Laboratory
 Jeffersonton Business Park
 3251 Ruckriegel Parkway
 Louisville, Kentucky 40299
 502-366-6333

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

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PERMITTEE NAME/ADDRESS
NAME _____
ADDRESS _____
FACILITY _____
LOCATION _____

PERMIT NUMBER _____
DISCHARGE NUMBER _____

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT	3.643	5.504			3	4	0	5.30	Comp
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
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SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED BY ME OR UNDER MY SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THE ACCURACY OF THE INFORMATION SUBMITTED. 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/OWNER TYPED OR PRINTED _____								DATE YEAR MO DAY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER TYPED OR PRINTED _____								DATE YEAR MO DAY	
OFFICER/OWNER OR AUTHORIZED AGENT _____								TELEPHONE NUMBER _____	
AREA CODE _____								NUMBER _____	

Beckmar Environmental Laboratory
Jeffersontown Business Park
3251 Rockledge Parkway
Louisville, Kentucky 40299
502-266-4333

KEEP THIS COPY

NAME _____
ADDRESS _____
PERMIT NUMBER _____
DISCHARGE NUMBER _____

FACILITY _____
LOCATION _____
MONITORING PERIOD
FROM: YEAR MO DAY TO: YEAR MO DAY

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			
SAMPLE MEASUREMENT				7.2			0	4-31	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT				7.40	8.80		0	4-31	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	31.48	48.17		24	39		0	4-31	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	7.993	14.57		6.95	16.80		0	4-31	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	0.149	0.304					0	3/31	LN
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT				0.008	0.010		0	3-31	Grab
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT				119	245		0	6-31	Grab
PERMIT REQUIREMENT									

NAME/TITLE: Principal Executive Officer/Owner
 TYPED OR PRINTED: C. W. F. Coyne, Inc.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE: 502-228-2301 AREA CODE: 502 NUMBER: 228-2301 DATE: 03/03/29
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER THE SUPERVISION AND CONTROL OF THE PERSON WHO HAS SIGNED THIS REPORT TO ASSURE THAT QUALIFIED PERSONS PROPERLY GATHERED AND TESTED THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE 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, IS 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.

Beckmar Environmental Laboratory
 Jeffersonstown Business Park
 3251 Ruckelshede Parkway
 Louisville, Kentucky 40299
 KEEP 1505-760-8833

Paul D. Barker
 9/29/03

PERMITTEE NAME/ADDRESS _____
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT	7.114	10.14			6	8	0	431	Comp
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 Carolyn F. Cogan, Pres.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
Handwritten Signature
 OFFICER/OWNER OR AUTHORIZED AGENT

TELEPHONE NUMBER
 502 238 3331

DATE
 YEAR MO DAY
 03 09 29

Beckmar Environmental Laboratory
 Jeffersontown Business Park
 3251 Ruckriegel Parkway
 Louisville, Kentucky 40229
 502-966-6533

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

9/29/03

DISCHARGE MONITORING REPORT (DMR)

NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM: YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT				7.2			0	5/31	Grab
PERMIT REQUIREMENT				6.80			0	5/31	Grab
SAMPLE MEASUREMENT	20.67	31.22		2.3	36		0	5/31	Comp.
PERMIT REQUIREMENT	16.978	27.182		18.83	29.10		0	5/31	Comp.
SAMPLE MEASUREMENT	0.114	0.166					0	30/31	GN
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT				0.008	0.010		0	30/31	Grab
PERMIT REQUIREMENT				36	180		0	5/31	Grab
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER/OWNER
 TYPED OR PRINTED: *David F. Cogan*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
William Low

TELEPHONE: _____ DATE: _____

AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DAY: _____

502 238 3301 09 08 28

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED BY AN INDIVIDUAL WHO IS QUALIFIED TO GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE 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.

Beckman Environmental Laboratory
 Jeffersonville Business Park
 3251 Rectortop Parkway
 Louisville, Kentucky 40229
 502-266-6533

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Paul O. Baker
 8/28/3

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

DOW DMR-01 288

PAGE _____ OF 2

PERMITTEE NAME/ADDRESS _____
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____ DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT	5.951	10.37			7	11	0	531	Comp
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
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PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER/OWNER
 TYPED OR PRINTED: Conroy F. Cogan

OFFICER/OWNER OR AUTHORIZED AGENT
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: [Signature]
 AREA CODE: 502 NUMBER: 2382301 YEAR: 03 MO: 08 DAY: 28

TELEPHONE: _____ DATE: _____

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Beckman Environmental Laboratory
 Jeffersonville Business Park
 3251 Rockledge Parkway
 Louisville, Kentucky 40299
 502-366-6533

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PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT			7.7		0	4 30	Grab
SAMPLE MEASUREMENT			7.30	7.70	0	WEEKLY	GRAB
PERMIT REQUIREMENT			6.0	MAXIMUM		WEEKLY	GRAB
SAMPLE MEASUREMENT	25.15	45.65	19	27	0	4 30	Comp.
PERMIT REQUIREMENT	REPORT INST MAX	REPORT INST MAX	3000 AVE DAILY MAX	60		WEEKLY	COMPOS
SAMPLE MEASUREMENT	14.230	18.091	13.16	18.70	0	4 30	Comp.
PERMIT REQUIREMENT	REPORT INST MAX	REPORT INST MAX	REPORT INST MAX	REPORT INST MAX		WEEKLY	COMPOS
SAMPLE MEASUREMENT	0.152	0.404			0	30 30	CN
PERMIT REQUIREMENT	REPORT INST MAX	REPORT INST MAX				CONTINUOUS	
SAMPLE MEASUREMENT			0.008	0.010	0	30 30	Grab
PERMIT REQUIREMENT			3000 AVE DAILY MAX	0.019		WEEKLY	GRAB
SAMPLE MEASUREMENT			39	300	0	4 30	Grab
PERMIT REQUIREMENT			3000 AVE DAILY MAX	3000 AVE DAILY MAX		WEEKLY	GRAB
SAMPLE MEASUREMENT					0	4 30	Grab
PERMIT REQUIREMENT						WEEKLY	GRAB

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER/OWNER
 TYPED OR PRINTED
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER
 OFFICER/OWNER OR AUTHORIZED AGENT
 TELEPHONE NUMBER
 DATE

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

Beckman Environmental Laboratory
 3251 Ruckelshod Parkway
 Louisville, KY 40299
 (502) 266-6533

Paul A. Barker
 7/20/03
 502 218 3334

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 DOW DMR-01 2/88
 PAGE 2 OF 2

PERMITTEE NAME/ADDRESS _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM: YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT	6.630	10.74			5	9	0	430	Comp.
PERMIT REQUIREMENT	REPORT SODA AVE DAILY	REPORT SODA AVE DAILY			REPORT SODA AVE DAILY	REPORT SODA AVE DAILY		NEARLY DAILY	
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
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PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE: *Charles E. Cogan, Jr.*
 OFFICER/OWNER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE
W. K. for CFC

TELEPHONE: _____
 DATE: _____

PERMITTEE NAME/ADDRESS
 ADDRESS
 FACILITY
 LOCATION

NAME
 ADDRESS
 FACILITY
 LOCATION

PERMIT NUMBER
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT				7.6			0	4/31	Grab
PERMIT REQUIREMENT				REPORT INST MIN				WEEKLY/GRAB	
SAMPLE MEASUREMENT				7.00	7.70		0	4/31	Grab
PERMIT REQUIREMENT				MINIMUM	MAXIMUM			WEEKLY/GRAB	
SAMPLE MEASUREMENT	17.75	24.40		12	19		0	4/31	Comp.
PERMIT REQUIREMENT	REPORT 30DA AVG DAILY MAX	REPORT 30DA AVG DAILY MAX		30DA AVG	30DA AVG	MG/L		WEEKLY/COMPOS	
SAMPLE MEASUREMENT	10.61	21.45		8.18	16.70		0	4/31	Comp.
PERMIT REQUIREMENT	REPORT 30DA AVG DAILY MAX	REPORT 30DA AVG DAILY MAX		REPORT 30DA AVG DAILY MAX	REPORT 30DA AVG DAILY MAX	MG/L		WEEKLY/COMPOS	
SAMPLE MEASUREMENT	0.198	0.462					0	31/31	C/N
PERMIT REQUIREMENT	REPORT 30DA AVG INST MAX	REPORT 30DA AVG INST MAX						CONTINUOUS	
SAMPLE MEASUREMENT				0.005	0.010		0	31/31	Grab
PERMIT REQUIREMENT				0.010	0.010			WEEKLY/GRAB	
SAMPLE MEASUREMENT				28	80		0	4/31	Grab
PERMIT REQUIREMENT				200	400			WEEKLY/GRAB	
SAMPLE MEASUREMENT				30DA AVG	30DA AVG	MG/L			
PERMIT REQUIREMENT				30DA AVG	30DA AVG	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER
 OFFICE/OWNER OR AUTHORIZED AGENT
 TELEPHONE
 DATE
 AREA CODE NUMBER
 MO DAY

NAME: _____ ADDRESS: _____

FACILITY: _____ LOCATION: _____

PERMIT NUMBER: _____ DISCHARGE NUMBER: _____

MONITORING PERIOD: FROM _____ TO _____

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			
SAMPLE MEASUREMENT	8.465	16.70			6	13	0	4/31	Comp.
PERMIT REQUIREMENT	REPORT EVERY 30 DAYS	REPORT DAILY			REPORT EVERY 30 DAYS	REPORT DAILY		WEEKLY COMPOS	
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER/OWNER
 TYPED OR PRINTED: *Cousins Coyne*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT: *Paul A. Barker*

TELEPHONE: _____ DATE: _____

AREA CODE: 502 NUMBER: 238-3321 YEAR: 87 MO: 26 DAY: 21

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Beckmar Environmental Laboratory
 3251 Ruehnegal Parkway
 Louisville, KY 40299
 (502) 266-6533

6/23/83

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DOW DMR-01 2/88 PAGE 1 OF 2

PERMITTEE NAME/ADDRESS: **BECKMAR GRASS UTILITIES INC**
 ADDRESS: **3251 RUCKRIEGEL PARKWAY**
 LOUISVILLE, KY 40299

NAME: **BECKMAR GRASS UTILITIES INC**
 ADDRESS: **3251 RUCKRIEGEL PARKWAY**
 LOUISVILLE, KY 40299

FACILITY: **BECKMAR WASTEWATER EFFLUENT**

LOCATION: **2625 BROADWAY**

PERMIT NUMBER: **0011**

DISCHARGE NUMBER: **0011**

MINOR (SUBR LV) F - FINAL

MONITORING PERIOD: FROM 03/01/03 TO 04/30/03

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
00500 1 0 1 OXYGEN, DISSOLVED (DD)	*****	*****	8.0	*****	(19)	5/30	Grab
00500 1 0 1 EFFLUENT GROSS VALUE	*****	*****	REPORT INST MIN	*****	MG/L	WEEKLY	BRAB
PH	*****	*****	6.70	*****	(12)	5/30	Grab
00400 1 0 1 EFFLUENT GROSS VALUE	*****	*****	MINIMUM 6.0	*****	EU	WEEKLY	BRAB
SOLIDS, TOTAL SUSPENDED	21.17	34.03	*****	*****	(19)	5/30	Comp.
00500 1 0 1 EFFLUENT GROSS VALUE	REPORT 30DA AVG	REPORT DAILY MAX	*****	*****	MG/L	WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	6.896	12.74	*****	*****	(19)	5/30	Comp.
00500 1 2 1 EFFLUENT GROSS VALUE	REPORT 30DA AVG	REPORT DAILY MAX	*****	*****	MG/L	WEEKLY	COMPOS
FLOWS, IN CONDUIT OR THRU TREATMENT PLANT	0.182	0.308	*****	*****	*****	30/30	C/N
50900 1 0 0 EFFLUENT GROSS VALUE	REPORT 30DA AVG	REPORT INST MAX	*****	*****	*****	CONTINUED	IN
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	(19)	30/30	Grab
50900 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	MG/L	WEEKLY	BRAB
DUPLICATE, FECAL GENERAL	*****	*****	*****	*****	(13)	5/30	Grab
74900 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	*****	400 #/ 100ML	WEEKLY	BRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER: **Carroll F. Cogan, P.E.**

TYPED OR PRINTED

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

BECKMAR Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 266-6533

OFFICE/OWNER OR AUTHORIZED AGENT: **Wick for CFC**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: **Paul A. Barber**

DATE: **5/21/03**

TELEPHONE: **502 7933701**

AREA CODE: **03**

NUMBER: **05**

YEAR: **03**

MO: **05**

DAY: **28**

01430/030416-2005 PAGE 2

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PERMITTEE NAME/ADDRESS: WILSON GRASS UTILITIES INC
370 BECKMAR ENVIRONMENTAL LAB
3251 RUCKRIEGEL PKWY
LOUISVILLE KY 40299

NAME: WILSON GRASS UTILITIES INC
 ADDRESS: 370 BECKMAR ENVIRONMENTAL LAB
3251 RUCKRIEGEL PKWY
LOUISVILLE KY 40299

FACILITY: ORCHARD GRASS UTILITIES INC
 LOCATION: CRESTWOOD KY 40014

PERMIT NUMBER: 0011
 DISCHARGE NUMBER: 0011

MONITORING PERIOD: FROM 03 04 01 TO 03 04 30

MINOR (SUPER LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE ***

OLDM

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			
SAMPLE MEASUREMENT	6.055	10.14	(25)	*****		5/30	Comp.
PERMIT REQUIREMENT	REPORT 30DA AVE DAILY MAX	REPORT 30DA AVE DAILY MAX	REPORT 30DA AVE DAILY MAX	*****	0	WEEKLY COMPOS	
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							

NAME/TITLE: Paul A. Barker PRINCIPAL EXECUTIVE OFFICER/OWNER
 TYPED OR PRINTED: Paul A. Barker

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

BECKMAR Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 266-6533

DATE: 03 05 28

TELEPHONE: 502 238 3301

AREA CODE: 502 NUMBER: 238 3301

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT: Paul A. Barker

OFFICE: 502 266 6533

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PAGE 2 OF 2

DOW DMR-01 2/88

NAME: BECKMUR ENVIRONMENTAL LAB
 ADDRESS: 3231 RUCKRIEGEL PARKWAY
 FACILITY: BECKMUR ENVIRONMENTAL LAB
 LOCATION: LOUISVILLE, KY 40299

PERMIT NUMBER: 00000001
 DISCHARGE NUMBER: 0011
 MONITORING PERIOD:
 FROM: 03 03 01 TO: 03 03 31

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
UNRESOLVED			7.2		0	4/31	Grab
UNRESOLVED			7.20	7.40	0	4/31	Grab
UNRESOLVED	15.09	23.59	7	14	0	4/31	Comp.
UNRESOLVED	4.276	15.26	2.42	9.06	0	4/31	Comp.
UNRESOLVED	0.303	0.438	0.008	0.010	0	31/31	C/N
UNRESOLVED			<20	<20	0	4/31	Grab
UNRESOLVED					0	4/31	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER: Garvill F. Cogan, Jr.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER: [Signature]
 OFFICER/OWNER OR AUTHORIZED AGENT: Paul A. Barker
 TELEPHONE: 502 238-3301
 AREA CODE: 502
 NUMBER: 238-3301
 DATE: 03 04 28

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 Beckmur Environmental Laboratory
 3231 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 266-6533

DATE: 4/2/03

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NAME: W. W. B. CO., INC.
 ADDRESS: 3001 RUCKELGEL PARKWAY
 FACILITY: W. W. B. CO. PLANT
 LOCATION: LOUISVILLE, KY 40299

PERMIT NUMBER: 0011
 DISCHARGE NUMBER: 0011

MONITORING PERIOD:
 FROM: YEAR 03 MO 01 DAY 01 TO YEAR 03 MO 02 DAY 31

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
PHOSPHORUS	8.098	9.157	(300)		3	5	(19)	0	4/31	Comp.
PERMIT REQUIREMENT	REPORT DAILY MAX	REPORT DAILY MAX			REPORT DAILY MAX	REPORT DAILY MAX			WEEKLY COMPOS	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
Paul A. Sarker

TELEPHONE: 502 238-3333
 AREA CODE: 502 NUMBER: 238-3333

DATE: 04 20 03
 YEAR: 03 MO: 04 DAY: 20

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

Bestmar Environmental Laboratory
 3251 Ruckelgel Parkway
 Louisville, KY 40299
 (502) 266-6533

Paul A. Sarker
 4/20/03

NAME: Beckmar Environmental Lab
 ADDRESS: 3251 Kuckriegel Parkway
 FACILITY: Beckmar Environmental Lab
 LOCATION: Louisville, KY 40299

PERMIT NUMBER: 0000000000

DISCHARGE NUMBER: 0011

MONITORING PERIOD
 FROM: YEAR 00 MO 02 DAY 01 TO YEAR 00 MO 02 DAY 02

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	MAXIMUM			
SAMPLE MEASUREMENT			10.5		0	4/28	Grab
PERMIT REQUIREMENT			REPORT INST MIN				WEEKLY GRAB
SAMPLE MEASUREMENT			7.40	7.70	0	4/28	Grab
PERMIT REQUIREMENT			MINIMUM	MAXIMUM			WEEKLY GRAB
SAMPLE MEASUREMENT	12.91	18.33	5	7	0	4/28	Comp.
PERMIT REQUIREMENT	REPORT INST MAX	REPORT INST MAX					WEEKLY MONS
SAMPLE MEASUREMENT	0.512	0.564	0.20	0.20	0	4/28	Comp.
PERMIT REQUIREMENT	REPORT INST MAX	REPORT INST MAX					WEEKLY MONS
SAMPLE MEASUREMENT	0.349	0.708			0	28/28	C/N
PERMIT REQUIREMENT	REPORT INST MAX	REPORT INST MAX					CONT MONS MONS
SAMPLE MEASUREMENT			0.008	0.010	0	28/28	Grab
PERMIT REQUIREMENT			<20	<20			WEEKLY GRAB
SAMPLE MEASUREMENT			<20	<20	0	4/28	Grab
PERMIT REQUIREMENT							WEEKLY GRAB

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
Handwritten Signature

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED ACCORDING TO THE REQUIREMENTS OF THE PERMIT AND THE INFORMATION SUBMITTED IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
Couville F. Cogan, Pres

Beckmar Environmental Laboratory
 3251 Kuckriegel Parkway
 Louisville, KY 40299
 (502) 266-6533

TELEPHONE: 502 232 3311 AREA CODE: 502 NUMBER: 232 3311

DATE: YEAR 03 MO 03 DAY 27

OFFICER/OWNER OR AUTHORIZED AGENT: Paul A. Barber

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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PAGE 1 OF 2

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
SAMPLE MEASUREMENT	9.895	13.09			4	5		0	4/28	Comp.
PERMIT REQUIREMENT	REPORT GOOD AND DAILY EX	REPORT GOOD AND DAILY EX			REPORT GOOD AND DAILY EX	REPORT GOOD AND DAILY EX				
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER
 TYPED OR PRINTED
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT
 TELEPHONE NUMBER
 DATE
 AREA CODE
 NUMBER
 YEAR
 MO
 DAY

NAME: BECKMAN ENVIRONMENTAL LAB
 ADDRESS: 501 RUEKRIEGEL PARKWAY
LOUISVILLE, KY 40299
 FACILITY: BECKMAN ENVIRONMENTAL LAB
 LOCATION: 501 RUEKRIEGEL PARKWAY

PERMIT NUMBER: 030002521
 DISCHARGE NUMBER: 030101
 MONITORING PERIOD: FROM 03 01 01 TO 03 01 01

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			
BIODIENE (RESIDUAL)				8.7			0	5/31	Grab
BIODIENE (PERMIT REQUIREMENT)				REPORT INST MIN				WEEKLY	GRAB
BIODIENE (SAMPLE MEASUREMENT)				7.30			0	5/31	Grab
BIODIENE (PERMIT REQUIREMENT)				MINIMUM				WEEKLY	GRAB
BIODIENE (SAMPLE MEASUREMENT)	11.34	18.53					0	5/31	Comp.
BIODIENE (PERMIT REQUIREMENT)	REPORT	REPORT						WEEKLY	GRAB
BIODIENE (SAMPLE MEASUREMENT)	0.576	1.094					0	5/31	Comp.
BIODIENE (PERMIT REQUIREMENT)	REPORT	REPORT						WEEKLY	GRAB
BIODIENE (SAMPLE MEASUREMENT)	0.278	0.940					0	31/31	CN
BIODIENE (PERMIT REQUIREMENT)	REPORT	REPORT						WEEKLY	GRAB
BIODIENE (SAMPLE MEASUREMENT)							0	31/31	CN
BIODIENE (PERMIT REQUIREMENT)								WEEKLY	GRAB
BIODIENE (SAMPLE MEASUREMENT)							0	5/31	Grab
BIODIENE (PERMIT REQUIREMENT)								WEEKLY	GRAB
BIODIENE (SAMPLE MEASUREMENT)							0	5/31	Grab
BIODIENE (PERMIT REQUIREMENT)								WEEKLY	GRAB

NAME/TITLE: Carroll F. Cogan, Inc
 OFFICER/OWNER OR AUTHORIZED AGENT: Mark Lee, CFC
 SIGNATURE OF PRINCIPAL EXECUTIVE: Mark Lee, CFC
 DATE: 03 02 03
 TELEPHONE: 502 2783301
 AREA CODE: 502
 NUMBER: 2783301
 OFFICE/OWNER OR AUTHORIZED AGENT: Beckman Environmental Laboratory
 ADDRESS: 3251 Ruekriegel Parkway
Louisville, KY 40299
 PHONE: (502) 266-6533
 DATE: 3/19/03
 SIGNATURE: Paul A. Barker
 OFFICER/OWNER OR AUTHORIZED AGENT: Paul A. Barker

PERMITTEE NAME/ADDRESS: **"Return To KPDES Branch/DMR"**

NAME: **BECKMAR ENVIRONMENTAL, INC.**

ADDRESS: **3251 RUCKNEGEL PATHWAY, LOUISVILLE, KY 40299**

FACILITY: **BECKMAR ENVIRONMENTAL, INC.**

LOCATION: **3251 RUCKNEGEL PATHWAY, LOUISVILLE, KY 40299**

PERMIT NUMBER: **KY00033021**

DISCHARGE NUMBER: **0011**

MONITORING PERIOD: FROM **03 01 01** TO **03 01 31**

QUALITY OR CONCENTRATION: AVERAGE **4** UNITS **(10)** MAXIMUM **5**

QUANTITY OR LOADING: AVERAGE **11.599** UNITS **(20)** MAXIMUM **27.36**

NO EX: **0**

FREQUENCY OF ANALYSIS: **5-31**

SAMPLE TYPE: **Comp.**

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			
SAMPLE MEASUREMENT	11.599	27.36	(20)		0	5-31	Comp.
PERMIT REQUIREMENT	REPORT TO EPA AND DAILY TO LOCAL AGENCIES	REPORT TO EPA AND DAILY TO LOCAL AGENCIES	(20)				
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER/OWNER: **Paul A. Barker**

TYPED OR PRINTED: **Paul A. Barker**

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Beckmar Environmental Laboratory 4
 3251 Rucknegel Parkway
 Louisville, KY 40299
 (502) 260-6533

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER/OWNER OR AUTHORIZED AGENT: *[Signature]*

TELEPHONE: **502 260 6533**

DATE: **03 02 25**

OFFICER/OWNER OR AUTHORIZED AGENT: **Paul A. Barker**

AREA CODE: **502** NUMBER: **2606533** YEAR: **03** MO: **02** DAY: **25**

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PAGE **1** OF **2**

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPEDS)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name, location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT				7.3			0	431	Grat
PERMIT REQUIREMENT				105 MIN					
SAMPLE MEASUREMENT				7.10		7.38	0	531	Grat
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT	12.22	16.11			5	7	0	531	Comp
PERMIT REQUIREMENT	SODA AVG DAILY MAX								
SAMPLE MEASUREMENT	0.685	1.031			0.25	0.59	0	531	Comp
PERMIT REQUIREMENT	SODA AVG DAILY MAX								
SAMPLE MEASUREMENT	0.293	0.656					0	3131	CM
PERMIT REQUIREMENT	SODA AVG INST MAX								
SAMPLE MEASUREMENT					0.005	0.010	0	3131	Grat
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT					45	300	0	531	Grat
PERMIT REQUIREMENT									

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 TITLE

TELEPHONE NUMBER _____
 AREA CODE _____
 DATE YEAR MO DAY

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. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Lovell F. Cogey, PWS
 TYPED OR PRINTED

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

Facility Name: _____
 Address: _____
 Location: _____

DATE: 11/15/03

PAGE OF 7

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____ DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT	6.906	10.31			3	3	0	331	Comp
PERMIT REQUIREMENT	REPORT 300K AVG DAILY MAX	REPORT							
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
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PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER _____ DATE _____

AREA CODE _____ YEAR _____ MO _____ DAY _____

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 ENSURE THAT THE INFORMATION SUBMITTED IS 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.

Background Environmental Laboratory
 1251 Industrial Parkway
 Louisville, KY 40202

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PAGE _____ OF _____

PERMITTEE NAME/ADDRESS (Include Facility Name/location if different)
 KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
 DISCHARGE MONITORING REPORT (DMR)
 NAME: KY0000021
 ADDRESS: 4013
 FACILITY: MONITORING PERIOD
 LOCATION: FROM 02 11 01 TO 02 11 01

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
0001 01 01	25.80	92.81	8.2		0	4/30	Grab
0002 01 01	2.859	7.590	7.00	7.40	0	4/30	Grab
0003 01 01	0.233	0.468			0	5/30	Comp
0004 01 01					0	5/30	Comp
0005 01 01					0	30/30	Comp
0006 01 01					0	30/30	Grab
0007 01 01					0	4/30	Grab

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 KNOWLEDGE OF THE PERSONS WHO MANAGE THE FACILITY AND THE INFORMATION SUBMITTED TO THE BEST OF MY KNOWLEDGE AND BELIEF IS 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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Paul A. Barker*
 TYPED OR PRINTED: *Paul A. Barker*
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: *Paul A. Barker*
 OFFICER OR AUTHORIZED AGENT: *Paul A. Barker*
 TELEPHONE: 502 238 3371
 DATE: 02 12 27

Bedmar Environmental Laboratory
 3251 Ruckelshaus Parkway
 Louisville, KY 40299
 (502) 266-8333

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 12/27/02

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 KENTUCKY BRASS UTILITIES INC
 3501 RUCKTEGEL PARKWAY
 LOUISVILLE, KY 40299
 FACILITY
 BRASS UTILITIES INC
 LOCATION
 LOUISVILLE, KY 40299

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
 DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER: 140003321
 DISCHARGE NUMBER: 1401

MONITORING PERIOD
 FROM 02 11 00 TO 02 11 30
 YEAR MO DAY YEAR MO DAY

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	MAXIMUM			
SAMPLE MEASUREMENT	8.066	24.987	4	14	0	5/30	Comp
PERMIT REQUIREMENT	REPORT 3004 AVE DAILY MAX						
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
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SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED
 CONNOR F. COGAN

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Paul A. Barker

TELEPHONE NUMBER
 502 238 3300

DATE
 02 12 27

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckmar Environmental Laboratory
 3251 Rucktegel Parkway
 Louisville, KY 40299

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 PAGE 2 OF 2

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME
 ADDRESS
 FACILITY
 LOCATION

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDDES)
 DISCHARGE MONITORING REPORT (DMR) NUMBER
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM TO
 YEAR MO DAY YEAR MO DAY

PERMIT NUMBER

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			
DISCHARGE							
EFFLUENT GROSS VALUE	6.345	18.71	MG/D	7.5	0	5/31	Grab
EFFLUENT GROSS VALUE	0.246	0.320	MG/L	6.90	0	5/31	Grab
EFFLUENT GROSS VALUE	0.187	0.294	MG/L		0	5/31	Comp
EFFLUENT GROSS VALUE					0	5/31	Comp
EFFLUENT GROSS VALUE					0	5/31	Grab
EFFLUENT GROSS VALUE					0	5/31	Grab

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Paul A. Barker

TELEPHONE
 502-233-3321

DATE
 02 11 26

BECKMIR ENVIRONMENTAL LABORATORY
 3251 Ruckriegel Parkway
 Louisville, KY 40099
 (502) 266-6533

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KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____ DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
COG 1 0 1 PERMIT CROSS VALUE				7.1		0	4/30	Grab
COG 1 0 1 PERMIT CROSS VALUE				7.20	7.40	0	5/30	Grab
COG 1 0 1 PERMIT CROSS VALUE	21.15	51.37			44	0	5/30	Comp.
COG 1 0 1 PERMIT CROSS VALUE	15.302	24.339			19.20	0	5/30	Comp.
COG 1 0 1 PERMIT CROSS VALUE	0.177	0.616				0	30/30	C/N
COG 1 0 1 PERMIT CROSS VALUE					0.005	0	30/30	Grab
COG 1 0 1 PERMIT CROSS VALUE					< 20	0	4/30	Grab

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 ENSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED TO THE SYSTEM OR THOSE PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECT TO THE RESPONSIBLE PERSONS WHO MANAGE THE SYSTEM. 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.

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED: CARROLL F. COGAN, INC.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 OFFICER OR AUTHORIZED AGENT: Paul A. Barker
 TELEPHONE: _____
 DATE: YEAR MO DAY
 07 10 25
 AREA CODE NUMBER: 502 338 3330

Beckman Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 266-6533

10/23/02

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPEDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____ DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT	10.75	17.76			9	15	0	5/30	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
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SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED: Cavanagh, F. Cogan, MS

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Paul D. Barker

TELEPHONE: _____ DATE: _____

AREA CODE: _____ NUMBER: 502 2305301 YEAR: 02 MO: 10 DAY: 25

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckmar Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40290
 (502) 266-6533

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different) **GRASS UTILITIES INC**
 ADDRESS **1000 W. MARKET STREET, KY 40200**
 FACILITY **SEWER TREATMENT PLANT**
 LOCATION **LOUISVILLE, KY 40200**

PERMIT NUMBER **5-2298-332**
 DISCHARGE NUMBER **020927**
 MONITORING PERIOD FROM **5/31/02** TO **5/31/02**

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			
EFFLUENT CROSS VALUE	23.33	39.30	MG/L	7.1			0	5/31	Grab
EFFLUENT CROSS VALUE				7.20	7.40		0	5/31	Grab
EFFLUENT CROSS VALUE							0	5/31	Comp.
EFFLUENT CROSS VALUE	1.687	5.357	MG/L	1.07	2.59		0	5/31	Comp.
EFFLUENT CROSS VALUE	0.152	0.248	MG/L				0	3/31	C/N
EFFLUENT CROSS VALUE				0.008	0.010		0	3/31	Grab
EFFLUENT CROSS VALUE				45	> 1200		1	5/31	Grab

SIGNATURE *[Signature]* PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE **5-2298-332** DATE **02 09 27**
 AREA CODE NUMBER YEAR MO DAY

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED BY ME OR UNDER MY SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO PREVENT AND CORRECT VIOLATIONS OF THE PERMIT. I AM AWARE THAT THE INFORMATION SUBMITTED BASED ON MY KNOWLEDGE OF THE PERMITTER'S OPERATIONS, 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 VIOLATING VIOLATIONS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin F. Cogan, Jr.
 TYPED OR PRINTED

Beckman Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 266-6533

Paul A. Barker 9/27/02

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location, if different)
 NAME
 ADDRESS
 FACILITY
 LOCATION

PERMIT NUMBER
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
DAILY AVERAGE DAILY MAX VALUE	4.070	8.273			3	4	0	5/31	Comp.
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Carr-11 F. Cogan, Pres.
 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 PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE TRUE ACCURATE AND COMPLETE INFORMATION TO THE BEST OF MY KNOWLEDGE AND BELIEF SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]
 OFFICER OR AUTHORIZED AGENT

TELEPHONE
 DATE
 AREA CODE NUMBER YEAR MO DAY
 502 238-3301 02 09 27

Beckmar Environmental Laboratory
 3251 Rucknagel Parkway
 Louisville, KY 40299
 (502) 266-6533

9/21/02

Paul A. Barker

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
PHOSPHORUS	9.850	15.41	MG/L	7.2	8	0	4/31	Grab
PHOSPHORUS	300A AVG	DAILY MAX	MG/L	INST MIN	7.70	0	4/31	Grab
PHOSPHORUS	1.206	2.324	MG/L	MINIMUM	13	0	4/31	Comp.
PHOSPHORUS	300A AVG	DAILY MAX	MG/L	300A AVG	1.72	0	4/31	Comp.
PHOSPHORUS	0.152	0.190	MG/L	MINIMUM	0.010	0	3/31	Grab
PHOSPHORUS	300A AVG	INST MIN	MG/L	300A AVG	0.005	0	3/31	Grab
PHOSPHORUS	0.005	0.010	MG/L	300A AVG	< 20	0	4/31	Grab
PHOSPHORUS	300A AVG	DAILY MAX	MG/L	300A AVG	< 20	0	4/31	Grab

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 OFFICE OR AUTHORIZED AGENT
 TELEPHONE
 NUMBER
 AREA CODE
 DATE

Beckman Environmental Laboratory
 3251 Rucktegel Parkway
 Louisville, KY 40299
 (502) 266-6533

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

8/23/82

Paul D. Barker

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPEDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM: YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT	4.124	5.604			3	4	0	4/31	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
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PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 CONNOR I. COGGIN, P.E.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
 [Signature]
 CHECKER OR AUTHORIZED AGENT

TELEPHONE NUMBER
 502 238-3321

DATE
 02 08 2008

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckmar Environmental Laboratory
 3251 Ruecknegel Parkway
 Louisville, KY 40299
 (502) 266-6533

Paul A. Barber
 8/23/08

KEEP THIS COPY

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPEDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME: BECKMAN ENVIRONMENTAL LAB
 ADDRESS: 3251 RUCKRIESEL PARKWAY
 FACILITY: 3251 RUCKRIESEL PARKWAY
 LOCATION: LOUISVILLE, KY 40299

PERMIT NUMBER: 55273827
 DISCHARGE NUMBER: 001

MONITORING PERIOD:
 FROM: YEAR 02 MO 06 DAY 01 TO YEAR 02 MO 01 DAY 30

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
CHLORINE DISSOLVED			7.4		0	4/30	Grab
FLUENT GROSS VALUE			7.10	7.30	0	4/30	Grab
FLUENT GROSS VALUE		17.18		8	0	4/30	Comp.
FLUENT GROSS VALUE	9.945	8.075	1.52	2.58	0	4/30	Comp.
FLUENT GROSS VALUE	0.208	0.412	0.006	0.010	0	30/30	C/N
FLUENT GROSS VALUE			<20	<20	0	4/30	Grab

NAME/TITLE: Principal Executive Officer
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: [Signature]
 OFFICER OR AUTHORIZED AGENT: Paul A. Barker

TELEPHONE: 502 266-6533
 DATE: 7/11/02

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
3251 Ruckriese Parkway
Louisville, KY 40299
(502) 266-6533

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)
 NAME: BECKNER ENVIRONMENTAL LAB
 ADDRESS: 3251 RUECHNEGET PARKWAY
LOUISVILLE, KY 40299
 FACILITY: BECKNER ENVIRONMENTAL LAB
 LOCATION: LOUISVILLE, KY 40299


PERMIT NUMBER: KT00003321
 DISCHARGE NUMBER: 001

MONITORING PERIOD
 FROM: YEAR 02 MO 05 DAY 01 TO YEAR 02 MO 05 DAY 07

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			
SAMPLE MEASUREMENT	11.071	27.49			5	8	0	4/30	Comp.
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
CAVY-11 F. Cogan, NCS
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER

 OFFICER OR AUTHORIZED AGENT

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

TELEPHONE: _____
 DATE: _____
 AREA CODE: 502 NUMBER: 238330 YEAR: 02 MO: 07 DAY: 26

Beckner Environmental Laboratory
 3251 Ruechneget Parkway
 Louisville, KY 40299
 (502) 266-6533
Paul D. Barker 7/18/02

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME: BECKMAY ENVIRONMENTAL LAB
 ADDRESS: 3251 RUCKEITEL PARKWAY
 FACILITY: BECKMAY ENVIRONMENTAL LAB
 LOCATION: LOUISVILLE, KY 40299

PERMIT NUMBER: KY00033221
 DISCHARGE NUMBER: 1000000000

MONITORING PERIOD
 FROM: 01/01/01 TO: 12/31/01

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	MAXIMUM			
INFLUENT GROSS VALUE	18.44	31.98	7.3	7.80	0	4/31	GAS
EFFLUENT GROSS VALUE	4.146	11.97	7.40	7.80	0	4/31	GAS
WASTEWATER TREATMENT PLANT	0.264	0.774	7	13	0	4/31	GAS
EFFLUENT GROSS VALUE	0.003	0.010	<20	<20	0	31/31	GAS
EFFLUENT GROSS VALUE	<20	<20	<20	<20	0	4/31	GAS

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: *Paul A. Barker*
 OFFICER OR AUTHORIZED AGENT: *Paul A. Barker*

Beckmay Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 206-6533

TELEPHONE: 502 238 3394
 DATE: 02 06 25

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)
 NAME: _____
 ADDRESS: _____
 FACILITY: _____
 LOCATION: _____

PERMIT NUMBER: _____
 DISCHARGE NUMBER: _____

MONITORING PERIOD
 FROM: YEAR MO DAY TO YEAR MO DAY
 02 05 01 TO 02 01 01

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			
SAMPLE MEASUREMENT	6.664	11.88			2	3	0	4/31	Comp.
PERMIT REQUIREMENT	REPORT 3000 AVG DAILY TX	REPORT 3000 AVG DAILY TX							
SAMPLE MEASUREMENT									
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NAME/TITLE: Carol T. Cogen, Pres.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: [Signature]

OFFICER OR AUTHORIZED AGENT: Paul D. Barber

TELEPHONE: _____

DATE: _____

AREA CODE: 502 NUMBER: 2383301 YEAR: 02 MO: 06 DAY: 25

Beckman Environmental Laboratory
 3251 Rueknegeel Parkway
 Louisville, KY 40299
 (502) 260-6533

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location, if different)
 NAME: BECKMAN ENVIRONMENTAL LAB
 ADDRESS: 3251 RUCKNIEGEL PARKWAY
 FACILITY: BECKMAN ENVIRONMENTAL LAB
 LOCATION: LOUISVILLE, KY 40299

PERMIT NUMBER: 57024901
 DISCHARGE NUMBER: 001

MONITORING PERIOD
 FROM: YEAR 02 MO 04 DAY 01 TO YEAR 02 MO 04 DAY 01

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
TOXIC SUBSTANCES DISCHARGED							
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KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

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

NAME
ADDRESS
FACILITY
LOCATION

PERMIT NUMBER
DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY

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			
MEASUREMENT	7.716	16.55			3	4	0	5/30	Comp.
PERMIT REQUIREMENT									
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MEASUREMENT									
PERMIT REQUIREMENT									

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
W. J. ...

TELEPHONE
AREA CODE NUMBER

DATE
YEAR MO DAY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED
Coville F. Coggin Pres.

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Bekman Environmental Laboratory
3251 Rucknagel Parkway
Louisville, KY 40299
(502) 266-6553
Paul A. Barker
5/24/02

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
SAMPLE MEASUREMENT			9.6		0	4-31	Grab
PERMIT REQUIREMENT			7.40	8.00	0	4-31	Grab
SAMPLE MEASUREMENT	14.620	36.03		7	0	4-31	Comp
PERMIT REQUIREMENT				18	0	4-31	Comp
SAMPLE MEASUREMENT	3.309	10.558		1.40	0	4-31	Comp
PERMIT REQUIREMENT				4.22	0	4-31	Comp
SAMPLE MEASUREMENT	0.288	0.628			0	3-31	GN
PERMIT REQUIREMENT					0	3-31	GN
SAMPLE MEASUREMENT				0.005	0	3-31	Grab
PERMIT REQUIREMENT				0.010	0	3-31	Grab
SAMPLE MEASUREMENT				64	0	4-31	Grab
PERMIT REQUIREMENT				340	0	4-31	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
 OFFICER OR AUTHORIZED AGENT

TELEPHONE
 DATE

AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckmar Environmental Laboratory
 3251 Rucknegel Parkway
 Louisville, KY 40299
 502-266-6533

KEEP THIS COPY

Paul D. Barker 4/25/02

502-238-3304 02 04 26

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT	9.132	14.311			4	6	0	4.31	Comp.
PERMIT REQUIREMENT	300 GPM DAILY MAX								
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED
 Co. J. F. Coggin, Inc.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

TELEPHONE
 AREA CODE NUMBER
 502 238-3300
 DATE
 YEAR MO DAY
 12 04 20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckman Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40109
 502-238-9533

Paul A. Barber 4/27/02

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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			
AMMONIA NITROGEN				7.7		0	4/28	Grab
AMMONIA NITROGEN				7.00		0	4/28	Grab
AMMONIA NITROGEN		15.01			7	0	4/28	Comp
AMMONIA NITROGEN	9.937					0	4/28	Comp
AMMONIA NITROGEN	1.800	5.599				0	4/28	Comp
AMMONIA NITROGEN	0.210	0.462				0	28/28	CN
AMMONIA NITROGEN						0	28/28	Grab
AMMONIA NITROGEN						0	4/28	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 C. W. COGAN, JR.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

TELEPHONE _____ DATE _____

AREA CODE _____ NUMBER _____ YEAR _____ MO _____ DAY _____

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Beckmar Environmental Laboratory
 3251 Ruckriegel Parkway
 Louisville, KY 40292
 (502) 266-5533

KEEP THIS COPY

Paul A. Barker 3/17/02

PAGE _____ OF 2

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)
 NAME _____
 ADDRESS _____
 FACILITY _____
 LOCATION _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD:
 FROM YEAR MO DAY TO YEAR MO DAY

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			
SAMPLE MEASUREMENT	5.463	9.007			4	6		0	4/28	Comp			
PERMIT REQUIREMENT													
SAMPLE MEASUREMENT													
PERMIT REQUIREMENT													
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED Carol H. G... SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT [Signature]									TELEPHONE DATE				
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) RECEIVED ENVIRONMENTAL LABORATORY 3251 Ruckriegel Parkway Louisville KY 40299 (502) 266-6530									AREA CODE 502	NUMBER 238-7301	YEAR 02	MO 03	DAY 27

Paul D. Barber 7/9/02

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

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

NAME _____
ADDRESS _____
FACILITY _____
LOCATION _____

PERMIT NUMBER _____

DISCHARGE NUMBER _____

MONITORING PERIOD
FROM: YEAR _____ MO _____ DAY _____
TO: YEAR _____ MO _____ DAY _____

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			
SAMPLE MEASUREMENT				7.1			0 531	Gral
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT				7.20			0 531	Gral
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT	15.56	44.24			8	17	0 531	Comp
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT	1.803	7.73			0.75	2.97	0 531	Comp
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT	0.237	0.700			0.010	0.010	0 3131	Gral
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT					116	620	0 531	Gral
PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Cassette F. Cogan, Pres

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Wade for FC

TELEPHONE: 502 278-3301
AREA CODE: 502
NUMBER: 278-3301

DATE: 02 02 02

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

Beckmar Environmental Laboratory
3251 Ruckriegel Parkway
Louisville, KY 40299
502 266-6533

Paul A. Barker 2/13/02

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)
 NAME _____
 ADDRESS _____

PERMIT NUMBER _____
 DISCHARGE NUMBER _____

MONITORING PERIOD
 FROM: YEAR: _____ MO: _____ DAY: _____
 TO: YEAR: _____ MO: _____ DAY: _____

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			
SAMPLE MEASUREMENT	13.69	44.24			6	17		
PERMIT REQUIREMENT							0	531 Com
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT								
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PERMIT REQUIREMENT								
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PERMIT REQUIREMENT								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT								
SAMPLE MEASUREMENT								
PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Clayton F. Cogan, P.E.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
M. J. ...

TELEPHONE _____ DATE _____

AREA CODE _____ NUMBER _____ YEAR _____ MO _____ DAY _____

502 891-1950 02 02 22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Ecobat Environmental Laboratory
 1251 Ruckstuhl Parkway
 Louisville, KY 40290
 (502) 260-6333

Paul D. Barker 2/13/02

ATTACHMENT B

61A255 (10-02)

Commonwealth of Kentucky
 PROPERTY TAX STATEMENT
 PUBLIC SERVICE COMPANY
TANGIBLE

For County, School
 or Special Taxes
PAGE TWO OF TWO PAGES

Return Payment to:

STEVE SPARROW
 OLDHAM COUNTY
 100 WEST JEFFERSON STREET
 LA GRANGE, KENTUCKY 40031

GNC # 007755
 ACCT # 2003018
 BILL # 1767
 DATE: SEP 30, 2003

Assessment for year 2003 Taxes

 Taxpayer: WILLOW CREEK
 CARROLL COGAN
 1706 BARDSTOWN ROAD
 LOUISVILLE KY 40205

PROPERTY TAX Class	RATE/\$100	Value	Assessed Value	County Tax	School Tax	Special Tax
TANGIBLE RATE	.11800	.45600	17,000.00	20.06	77.52	
FIRE - WORTHINGTON	-	.10000	17,000.00			17.00
LIBRARY TANGIBLE		.04440				7.55
HEALTH TANGIBLE		.02000				3.40
SCH BLDG TANGIBLE		.15300				26.01
AMBULANCE TANGIBLE		.04300				7.31

*Pa 10/17/03
 Ch # 1476*

 TOTALS BY TAXING DISTRICT

Signed *Ann S. Brown* County Clerk
 Payment Received by: _____ Sheriff
 Date _____ By _____ Deputy

TOTAL TAX \$158.85
 PENALTY
 (10% of total tax if not paid within 30 days)
 SHERIFF'S FEE (10%)...
 INTEREST
 (the tax interest rate per KRS 131.183 per annum if not paid within 30 days)

TOTAL TAX, PENALTY AND INTEREST \$ _____

PAYMENT INSTRUCTIONS:

This statement for public service company property taxes is due and payable 30 days after notice (KRS 136.050(2)). No discount is allowable for early payment. If not paid within 30 days, a 10 percent penalty plus a 10 percent sheriff's add on fee (KRS 134.430(3)) of total tax and interest at the tax interest rate per KRS 131.183 per annum applies. Make payment to sheriff of county named on statement.

20030110443210

COMMONWEALTH OF KENTUCKY
REVENUE CABINET
DEPARTMENT OF PROPERTY VALUATION
Public Service Branch
200 Fair Oaks Ln, 4th Fl, Station 32
Frankfort, Kentucky 40620
(502) 564-8175

Public Service Company Assessment
Certification To County Clerk.
The Revenue Cabinet certifies this
final assessment according to KRS
136.180. This assessment is
subject to all tax levies as
explained below.

Brenda Major, Director
Division of State Valuation
Department of Property Valuation

CERTIFICATION OF PUBLIC SERVICE COMPANY PROPERTY ASSESSMENT
FOR TAX YEAR 2003

COUNTY: OLDHAM

TAXPAYER: WILLOW CREEK
ADDRESS: CARROLL COGAN
1706 BARDSTOWN RD
LOUISVILLE, KY 40205-1212

CERTIFICATION DATE: 09/15/2003

GNC: 007755
TYPE CO: S

NAME OF TAX DISTRICT	REAL ESTATE	TANGIBLE PROPERTY	TOTAL ASSESSMENT FOR LOCAL TAX
COUNTY GENERAL	68,000.00	17,000.00	85,000.00
SCHOOL OLDHAM COUNTY GENERAL	68,000.00	17,000.00	85,000.00
SPECIAL WORTHINGTON EAST FIRE DISTRICT	68,000.00	17,000.00	85,000.00

ATTACHMENT C

61A255 (10-02)

Commonwealth of Kentucky
PROPERTY TAX STATEMENT
PUBLIC SERVICE COMPANY

For County, School
or Special Taxes
PAGE TWO OF TWO PAGES

Return Payment to:

TANGIBLE

GNC # 007490

STEVE SPARROW
OLDHAM COUNTY
100 WEST JEFFERSON STREET
LA GRANGE, KENTUCKY 40031

ACCT # 2003010

BILL # 1758

DATE: SEP 30, 2003

Assessment for year 2003 Taxes

Taxpayer: ORCHARD GRASS UTILITIES INC
ATTN CARROLL COGAN
1706 BARDSTOWN ROAD
LOUISVILLE KY 40205

PROPERTY TAX RATE/\$100 Value	Assessed Value	County Tax	School Tax	Special Tax
Class County School				
TANGIBLE RATE .11800 .45600	30,000.00	35.40	136.80	
FIRE - WORTHINGTON - .10000	30,000.00			30.00
LIBRARY TANGIBLE .04440				13.32
HEALTH TANGIBLE .02000				6.00
SCH BLDG TANGIBLE .15300				45.90
AMBULANCE TANGIBLE .04300				12.90

*Pd 10/17/03
Ch # 2326*

TOTALS BY TAXING DISTRICT 35.40 136.80 108.12

Signed *Allen B. Brown* County Clerk TOTAL TAX \$280.32

Payment Received by: _____ Sheriff
_____ Deputy
Date _____ By _____ Deputy

PENALTY
(10% of total tax if not paid within 30 days)
SHERIFF'S FEE (10%)...
INTEREST
(the tax interest rate per KRS 131.183 per annum if not paid within 30 days)

TOTAL TAX, PENALTY AND INTEREST \$ _____

PAYMENT INSTRUCTIONS:

This statement for public service company property taxes is due and payable 30 days after notice (KRS 136.050(2)). No discount is allowable for early payment. If not paid within 30 days, a 10 percent penalty plus a 10 percent sheriff's add on fee (KRS 134.430(3)) of total tax and interest at the tax interest rate per KRS 131.183 per annum applies. Make payment to sheriff of county named on statement.

COMMONWEALTH OF KENTUCKY
 REVENUE CABINET
 DEPARTMENT OF PROPERTY VALUATION
 Public Service Branch
 200 Fair Oaks Ln, 4th Fl, Station 32
 Frankfort, Kentucky 40620
 (502) 564-8175

2003009-2003010

Public Service Company Assessment
 Certification To County Clerk.
 The Revenue Cabinet certifies this
 final assessment according to KRS
 136.180. This assessment is
 subject to all tax levies as
 explained below.

Brenda Major, Director
 Division of State Valuation
 Department of Property Valuation

CERTIFICATION OF PUBLIC SERVICE COMPANY PROPERTY ASSESSMENT
 FOR TAX YEAR 2003

COUNTY: OLDHAM

CERTIFICATION DATE: 09/16/2003

TAXPAYER: ORCHARD GRASS UTILITIES INC
 ADDRESS: ATTN CARROLL COGAN
 1706 BARDSTOWN RD
 LOUISVILLE, KY 40205-1212

GNC: 007490
 TYPE CO: S

NAME OF TAX DISTRICT	REAL ESTATE	TANGIBLE PROPERTY	TOTAL ASSESSMENT FOR LOCAL TAX
COUNTY GENERAL	120,000.00	30,000.00	150,000.00
SCHOOL OLDHAM COUNTY GENERAL	120,000.00	30,000.00	150,000.00
CITY ORCHARD GRASS HILLS	120,000.00	30,000.00	150,000.00
SPECIAL WORTHINGTON EAST FIRE DISTRICT	120,000.00	30,000.00	150,000.00