MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

January 23, 2009

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

RE: West County Treatment Plant, KPDES No: KY0078956
Discharge Monitoring Report
December 2008

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the West County Wastewater Treatment Plant, for the month of December 2008.

Also included are the 4th quarter bio- report, and the December discharge reports.

If you have any questions concerning the attached DMR's, please contact me at (502)540-6031.

Sincerely,

John Kessel
Process Supervisor, West Region

JMK/West County 1208

Enclosures

cc: C. Roth
T. Singleton
R. Shaw

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD WEST COUNTY STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0078956 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 05 MO 12 DAY 01 TO YEAR 00 MO 12 DAY 31

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

JEFFS

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		3	******	******	(19)	0	31/31	Grab
	PERMIT REQUIREMENT	******	******	**** ****	2 INST MIN	******	******	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 9 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	33,573	45,716	(26)	******	173	194	(19)	6	31/31	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3178	4080	(26)	******	16	24	(19)	0	31/31	Comp
	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7	******	7	(12)	0	31/31	Grab
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 9 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	46,946	53,098	(26)	******	208	232	(19)	0	31/31	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2435	3380	(26)	******	12	17	(19)	0	31/31	Comp
	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 9 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	3279	3757	(26)	******	18	21	(19)	0	31/31	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.T. Schmidt, Jr
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 502, NUMBER 540-6000
DATE: YEAR 00, MO 01, DAY 27

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

Form Approved.
OMB No. 2040-0004

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

NAME MSD WEST COUNTY STP
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ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0078956 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	12	01	TO	00	12	31

MAJOR
(SUBP LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFF:

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1008	1348	(26)	*******	5	7	(19)	0	31/31	Comp
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5004 MO AVG	7506 MX WK AV	LBS/DY	*******	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	1365	1747	(26)	*******	8	9	(19)	0	4/7	Comp
00625 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	369	373	(26)	*******	1.9	2.7	(19)	0	1/7	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	26.14	57.49	(03)	*******	*******	*******		0	C/N	C/N
50050 1 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	CONTIN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	23.77	55.24	(03)	*******	*******	*******		0	C/N	C/N
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** ****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*******	*******		*******	*******	<0.010	(17)	0	31/31	Grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* **** ****		*******	*******	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	1	1	(13)	0	31/31	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* **** ****		*******	200 30DA GEO	400 #/ 7 DA GEO	100ML		DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir
H.J. Schaudel, Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
502	540-6000

DATE

YEAR	MO	DAY
09	01	27

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

USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

Form Approved.
OMB No. 2040-0004

KY0078956	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFF

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	12	01	TO	08	12	31

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		91%	******	******	(23)	0	1/31	Cal
81010 P C O PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	*** ****	85 MO AVG	******	******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		87%	******	******	(23)	0	1/31	Cal
81011 K C O PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	*** ****	85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
	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			TELEPHONE		DATE		
Exec Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATUBE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502	540-6000	09	01	27
H.J. Schaltenbrand Jr			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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PERMIT NUMBER	DISCHARGE NUMBER
KY0078956	001 R

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	12	01	TO	08	12	31

MAJOR
(SUBR LV)
F - FINAL JEFF
REASONABLE POTENTIAL
EFFLUENT
*** NO DISCHARGE |__| ***

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CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	0	1/31	Comp
01032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
	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

Exe Director

H. J. Schardein Jr

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	09	01	27
AREA CODE	NUMBER	YEAR	MO	DAY

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

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KY0078956	001 Y
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	10	01	TO	08	12	31

MAJOR
(SUBR LV)
F - FINAL
BIOMONITORING/METALS/QUARTERLY
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFF I

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HARDNESS, TOTAL (AS CACO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	265	265	(19)	0	1/92	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		MNTRLY	GRAB-2
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.0485	0.0485	(19)	0	1/92	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		MNTRLY	GRAB-2
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.0001	<0.0001	(19)	0	1/92	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		MNTRLY	GRAB-2
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.015	0.015	(19)	0	1/92	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		MNTRLY	GRAB-2
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.009	0.009	(19)	0	1/92	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		MNTRLY	GRAB-2
TOXICITY, FINAL CONC TOXICITY UNITS 61406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	<1.0	(6F)	0	1/92	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.00 DAILY MX	ACUTE TOXICTY		MNTRLY	GRAB-2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Exec Dir W.J. Schmitz Jr	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502	540-6000	09	01	27

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

MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

December 19, 2008

Mr. Charlie Roth, District Supervisor
KY Division of Water
Louisville Regional Office
9116 Leesgate Road
Louisville, KY 40222-5084

Re: Bypass Report for the Derek Guthrie WQTP (West County) – KPDES Permit KY0078956

Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 PM on December 17, 2008, referencing Work Order 857175 as a Dry Weather Discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: Found #3 hypochlorite pump air locked. All water that was bypassed received full secondary treatment except disinfection.
- Period of noncompliance: Starting 07:30 AM on December 17, 2008 and stopping 08:30 AM on December 17, 2008.
- Steps taken or planned to reduce, eliminate and prevent recurrence: On 12/16 we experinced a power outage at 730pm. We started hypochlorite feed and took a residual, and avoided any bypasses. Later that night due to electrical reasons from the first power outagethe plant power had to be taken down to isolate an electrical feeder that had blown and was caused by the first power outage. During startup from the second time hypo feed was started and then the rest of the plant was brought up. At aproximently 730am we found the #3 hypochlorite pump airlocked. We then purged all air from the suction and discharge line and the hypochlorite feed resumed..

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-540-6031, my cell phone at (502)-648-5984 or via email at Kessel@msdlouky.org.

Sincerely,

John Kessel
Process Supervisor-Operations

cc: Gary Levy, KDEP

Name of Sewage Treatment Plant: West County WTP | Jefferson County | Month of: December 2008

KPDES Permit Number: KY0078956 | Plant Capacity: 30 MGD | Receiving Stream: Ohio River

Date	Total Flow (MG)	Raw Sewage: Grit Removed (cu. ft.)	Raw Sewage: Screenings (cu. ft.)	pH: Raw	pH: Final	Settleable Solids (mL/L): Raw	Settleable Solids (mL/L): Primary (or Sec.)	Settleable Solids (mL/L): Final	Dissolved Oxygen (mg/L): Stream Above	Dissolved Oxygen (mg/L): Final	Dissolved Oxygen (mg/L): Stream Below	Suspended Solids (mg/L): Raw	Suspended Solids (mg/L): Primary (or Sec.)	Suspended Solids (mg/L): Final	Total Solids (mg/L): Raw	Total Solids (mg/L): Primary (or Sec.)	Total Solids (mg/L): Final	5-day BOD (mg/L): Raw	5-day BOD (mg/L): Primary (or Sec.)	5-day BOD (mg/L): Final	Activated Sludge Return: Million Gal/Day	Activated Sludge Return: MLSS mg/L X 1000	Activated Sludge WAS: Gal/Day X 1000	Aeration Basin: Dissolved Oxygen (mg/L) #1	Aeration Basin: Dissolved Oxygen (mg/L) #2	Aeration Basin: MLSS (mg/L) X1000 #1&#2	Aeration Basin: MLVSS (mg/L) X1000 #1&#2	Aeration Basin: 30 min. SettS.	Aeration Basin: SVI	Dig Sludge: % Solids	Final: Phosphorus (mg/L)	Final: TKN (mg/L)	Final: Chlorine Residual (mg/L)	Final: NH3-N (mg/L)	Final: Fecal Coliform Col./100ml
1	17.42			7.4	7.2					7.0		190		24				214		30		1990				980	900	80.0	0.08				0.01	9.60	1
2	16.82			7.4	7.1					6.0		198		14				135		17		2920				1090	970	90.0	0.08		2.66		0.01	7.90	1
3	16.00			8.5	7.1					6.0		212		13				107		14		2390				1340		90.0	0.07				0.01	7.00	1
4	19.85			8.5	7.1					8.0		224		22				190		30		2910				1520	1050	80.0	0.05				0.01	7.40	1
5	19.74			7.6	7.3					7.0		234		23				213		35		2450				1490	1230	100.0	0.07				0.01	6.20	1
6	18.76			7.4	7.1					6.8		322		17				263		17		3530				1770	1400	110.0	0.06				0.01	6.00	1
7	17.92			7.6	7.4					6.0		248		18				236		26		3340				1790	1510	110.0	0.06			9.00	0.01	6.50	1
8	16.56			7.3	7.0					6.0		268		10				242		21		3140				1560	1300	130.0	0.08				0.01	4.90	1
9	23.88			7.4	7.1					6.0		102		11				113		22		2860				1820	1540	130.0	0.07		1.14		0.01	5.40	1
10	33.44			7.4	7.1					6.9		192		13				131		15		3920				1800	1480	140.0	0.08				0.01	2.50	1
11	24.03			7.6	7.4					7.0		184		12				157		13		4070				2300	1850	171.0	0.07				0.01	2.50	1
12	20.67			7.5	7.1					6.5		106		10				113		10		3760				2400	1920	180.0	0.08				0.01	2.40	1
13	19.08			7.5	7.0					6.0		265		7				239		13		3240				2320	1880	140.0	0.06				0.01	2.80	1
14	18.70			7.5	7.0					6.0		274		19				219		14		2560				2350	1870	190.0	0.08			7.40	0.01	5.20	1
15	19.30			7.4	7.1					6.0		224		10				204		12		3880				2110	1700	160.0	0.08				0.01	4.50	1
16	18.03			7.4	7.1					6.0		242		7				151		18		3540				1970	1590	150.0	0.08		1.91		0.01	4.40	1
17	22.99			7.6	7.3					6.0		244		7				165		11		2710				1260	1130	100.0	0.08		1.97		0.01	5.40	3
18	19.55			7.6	7.3					4.0		244		11				176		12		3210				1840	1490	130.0	0.07				0.01	5.30	1
19	26.90			7.5	7.2					6.5		267		7				161		14		3090				1550	1250	120.0	0.08				0.01	4.70	1
20	20.47			7.5	7.4					3.2		174		8				131		10		3360				2310	1840	130.0	0.05				0.01	3.90	1
21	21.26			7.5	7.3					7.0		210		7				100		10		3360				1910	1560	150.0	0.08			7.50	0.01	5.70	1
22	19.41			7.5	7.2					9.0		178		9				169		11		3150				1690	1410	170.0	0.10		1.72		0.01	5.00	1
23	19.16			7.4	7.2					8.2		250		8				191		10		2940				2040	1700	150.0	0.07				0.01	5.00	1
24	55.24			7.2	7.2					9.8		190		17				131		19		4330				1420	1170	130.0	0.09				0.01	3.50	1
25	51.11			7.3	7.1					10.0		222		12				188		15		1780				810	670	70.0	0.09				0.01	4.60	1
26	29.21			7.4	7.3					8.0		242		14				244		13		2210				1010	830	100.0	0.10				0.01	6.90	1
27	25.40			7.4	7.3					8.0		102		11				121		10		3440				2140	1700	100.0	0.05				0.01	6.10	1
28	33.48			7.4	7.3					9.0		144		8				131		17		4360				1990	1680	90.0	0.05			7.70	0.01	4.60	1
29	27.20			7.5	7.2					8.0		156		12				138		15		2870				1200	970	110.0	0.09				0.01	5.70	1
30	23.36			7.4	7.2					8.0		160		10				143		15		2500				1380	1110	100.0	0.07				0.01	6.20	1
31	21.80			7.5	7.3					8.0		178		10				159		13		2490				1500	1260	100.0	0.07				0.01	6.40	1
Total	736.7	0	0																		0.0		0.0												
Avg.	23.77			7.5	7.2					7.0		208		12				173		16		3106.5				1698.71	1398.67	122.61	0		1.88	7.90	0.01	5.30	1

Total Number of Sewer Connections: 0

Residential Connections:

Commercial Connections:

Industrial Connections:

Sewer Connections X 4 = 0

Industrial Waste Population Equivalent

Flow	BOD	TSS
226342	201123	196198

Operator

Cert. #

Phone #

Report Selections: Excluding PPI, CSO, Prob Code:-BYPAS, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0078956	MSD0277	WEST COUNTY	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SPL Sewer Treatment Plant	MSD0277	11621 LOWER RIVER RD		OHIO RIVER	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	857175	12/17/08 07:30 AM	SINGLETON	LANGFORD	DOCUMENTED	10/17/06	BYPASS AT TREATMENT PLANT	DISCHARGE TO WATERS OF THE US	12/17/08 08:30 AM	

Spot Inspections:

Discharge Amount:	632,091 GAL
Cause:	#3 HYPO PUMP AIR LOCKED
Clean Up:	NO DEBRIS; NO CLEANUP REQUIRED
Control Zone:	PIPE DISCHARGE SUBMERGED
Impact:	NO IMPACTS OBSERVED
Repair:	BLEED AIR FROM LINES; HYPO FEED STARTED BACK UP

Notifications:

12/17/08 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
01/14/09 01:03 PM	DISPUB	Notification was made through the MSD Project WIN website.

Total Facilities Printed: 2
Total Work Orders Printed: 2

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0078956 (Cont'd)	MSD0277	WEST COUNTY	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SPL Sewer Treatment Plant	MSD0277	11621 LOWER RIVER RD		OHIO RIVER	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	857175	12/17/08 07:30 AM	SINGLETON	LANGFORD	DOCUMENTED	10/17/06	BYPASS AT TREATMENT PLANT	DISCHARGE TO WATERS OF THE US	12/17/08 08:30 AM	

Spot Inspections:

Discharge Amount:	632,091 GAL
Cause:	#3 HYPO PUMP AIR LOCKED
Clean Up:	NO DEBRIS; NO CLEANUP REQUIRED
Control Zone:	PIPE DISCHARGE SUBMERGED
Impact:	NO IMPACTS OBSERVED
Repair:	BLEED AIR FROM LINES; HYPO FEED STARTED BACK UP

Notifications:

12/17/08 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
01/14/09 01:03 PM	DISPUB	Notification was made through the MSD Project WIN website.

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0078956 (Cont'd)	MSD0277	WEST COUNTY	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SLS Sewer Lift Station	MSD0048-PS	3816 DIXIE HWY	CITY PARK	UPPER MILL CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	853595	12/05/08 09:55 AM	SINGLETON	PATTERSON	REPAIRED - ISSUE RESOLVED	12/05/08	MECHANICAL FAILURE	DISCHARGE TO WATERS OF THE US	12/05/08 09:56 AM	

Spot Inspections:

Discharge Amount:	300 GAL
Cause:	FORCE MAIN BREAK
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS & TAPE WERE PUT AROUND THE IMPACTED AREA
Impact:	SEWAGE NOTICED ON THE GROUND
Repair:	CALLED CHEROKEE CONTRUCTION FOR REPAIRS

Notifications:

12/05/08 09:55 AM	DISPUB	Temporary signs & tape were placed around the impacted area
12/05/08 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0078956	MSD0277	WEST COUNTY	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	25484	9317 LANTANA DR		PENNSYLVANIA RUN	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	854358	12/09/08 02:15 PM	MARKS JR	PATTERSON	DOCUMENTED	10/23/07	ELECTRICAL PROBLEMS AT MSD	DISCHARGE TO WATERS OF THE US	12/09/08 03:00 PM	

Spot Inspections:

Discharge Amount:	1,125 GAL
Cause:	LOST CONTROLS TO STATION
Clean Up:	NO DEBRIS
Control Zone:	TEMP SIGNS POSTED
Impact:	SEWAGE OBSERVED
Repair:	ELECTRICIAN MADE REPAIRS

Notifications:

12/09/08 06:34 PM	DISPUB	temp signs posted to warn public
12/09/08 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov