



MSD

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

November 24, 2008

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
October 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 October 2008.

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

Sincerely,

Kevin D. Ries
Process Supervisor, West Region

KDR/West County 1008.doc

Enclosures

cc: C. Roth
T. Singleton
R. Shaw



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

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

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL


JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

MUNICIPAL WASTEWATER EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)		*****	*****		6	*****	*****	(19)	Ø	%/1	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	2	*****	*****			DAILY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
BOD, 5-DAY (20 DEG. C)		26971	32396	(26)	*****	195	228	(19)	Ø	%/1	CP
00310 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			DAILY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
BOD, 5-DAY (20 DEG. C)		1252	1967	(26)	*****	9	13	(19)	Ø	%/1	CP
00310 1 0 0	PERMIT REQUIREMENT	7506	11259		*****	30	45			DAILY	COMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
PH		*****	*****		6.8	*****	7.4	(12)	Ø	%/1	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			DAILY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED		32790	41782	(26)	*****	235	279	(19)	Ø	%/1	CP
00530 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			DAILY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED		920	1409	(26)	*****	7	9	(19)	Ø	%/1	CP
00530 1 0 0	PERMIT REQUIREMENT	7506	11259		*****	30	45			DAILY	COMPOS
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		2750	2829	(26)	*****	20	21	(19)	Ø	%/1	CP
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			DAILY	COMPOS
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
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. 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		DATE		
H.J. Schardein Exec. Director							AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							502.540-6000	08	11	25	

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

NAME MSD WEST COUNTY STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD.
LOUISVILLE KY 40211
FACILITY LOCATION MSD WEST COUNTY STP
LOUISVILLE KY 40272
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL


JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	502	630	(26)	*****	4	5	(19)	Ø	% ₀₁	CP	
	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) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	862	1119	(26)	*****	6.4	8.9	(19)	Ø	% ₀₇	CP	
	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) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	357	417	(26)	*****	2.5	3.2	(19)	Ø	% ₀₇	CP	
	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 50050 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	18.1	25.1	(03)	*****	*****	*****		Ø	CN	CN	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONTIN	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	16.6	23.6	(03)	*****	*****	*****		Ø	CN	CN	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONTIN	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.010	(19)	Ø	% ₀₁	GR	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		DAILY	GRAB	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	2	(13)	Ø	% ₀₁	GR	
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 #/ 7 DA GED	100ML		DAILY	GRAB	
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H.J. Schardein Exec. Director TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME MSD WEST COUNTY STP
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 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

MAJOR (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

MUNICIPAL WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 1 ***

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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		95	*****	*****	(23)		01/31	CA
81010 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/MONTH	CALCULATED
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		97	*****	*****	(23)		01/31	CA
81011 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/MONTH	CALCULATED
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. Schardlein
 Exec. Director
 TYPED OR PRINTED

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

Kevin D. Pies

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

502 540-6000

AREA CODE

NUMBER

DATE

08 11 25

YEAR

MO

DAY

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

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

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

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 ATTN: DENNIS THOMASSON, SR METRO OPS

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

Form Approved.
 OMB No. 2040-0004

KY0078956
 PERMIT NUMBER

001 R
 DISCHARGE NUMBER

MAJOR
 (SUBR LV)
 F - FINAL

JEFFE

MONITORING PERIOD						
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08	10	01		08	10	31

REASONABLE POTENTIAL
 EFFLUENT

*** NO DISCHARGE [] ***

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	(19)		01/31	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOSE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. Schardein
 Exec. Director
 TYPED OR PRINTED

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Kent D. Rie
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502.540-6000		08	11	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

Name of Sewage Treatment Plant

West County WTP

Jefferson

Month of:

October

2008

KPDES Permit Number:

KY0078956

Plant Capacity:

30 MGD

County

Receiving Stream:

Ohio River

Date	Total Flow (MG)	Raw Sewage		pH		Settleable Solids (mL/L)			Dissolved Oxygen (mg/L)			Suspended Solids (mg/L)			Total Solids (mg/L)			5-day BOD (mg/L)			Activated Sludge		Aeration Basin						Dig Sludge		Final			
		Grit Removed (cu ft)	Screenings (cu ft)	Raw	Final	Raw	Primary (or Sec)	Final	Stream Above	Final	Stream Below	Raw	Primary (or Sec)	Final	Raw	Primary (or Sec)	Final	Raw	Primary (or Sec)	Final	Million Gal/Day	MLSS mg/L X 1000	Gal/Day X 1000 Dissolved Oxygen #1	Dissolved Oxygen (mg/L) #2	MLSS (mg/L) X 1000 #1	MLVSS (mg/L) X 1000 #1	30 min. Setts.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col/100ml
1	15.72			7.3	7.0				6.1		132	3				146	6			2980				1690	1290	120.0	0.07				0.01	1.90	22	
2	15.25			7.3	7.0				6.2		192	5				154	6			3040				1780	1410	130.0	0.07				0.01	1.60	5	
3	15.00			7.2	7.1				6.9		160	4				120	4			2950				2140	1690	130.0	0.06				0.01	1.30	1	
4	14.97			7.2	6.9				6.9		101	3				127	4			3000				2840	2250	140.0	0.05				0.01	1.50	1	
5	14.68			7.2	6.9				6.7		218	4				201	5			3800				2160	1740	140.0	0.06		3.80	0.01	2.40	1		
6	14.86			7.3	6.8				7.0		198	5				188	4			3320				2230	1760	130.0	0.05				0.01	1.60	1	
7	16.02			7.2	7.0				7.0		240	5				119	6			3100				2070	1660	130.0	0.06	2.54		0.01	2.60	1		
8	21.58			7.3	7.4				6.9		226	3				139	3			3350				2730	1990	120.0	0.04	2.25		0.01	1.60	1		
9	18.22			7.3	7.4				7.2		228	9				164	6			2260				1640	1340	100.0	0.05			0.01	3.20	1		
10	17.72			7.2	7.0				6.4		620	8				419	12			1810				1460	1190	80.0	0.04			0.01	4.60	1		
11	17.07			5.3	7.0				6.2		170	5				206	7			3320				1620	1310	100.0	0.05			0.01	4.40	1		
12	16.29			7.1	7.0				6.2		338	5				311	9			3260				2120	1700	100.0	0.05		6.30	0.01	4.60	1		
13	14.31			7.4	7.0				6.7		240	4				225	5			2960				1590	1370	130.0	0.08			0.01	4.50	1		
14	15.09			7.1	7.2				7.1		82	3				131	6			3440				1870	1550	130.0	0.07	2.10		0.01	2.50	1		
15	18.06			7.2	7.0				6.9		96	7				134	4			4260				2120	1700	130.0	0.06			0.01	2.50	1		
16	16.08			7.2	7.0				7.4		374	4				215	8			4770				2070	16	90.0	0.04			0.01	3.50	1		
17	15.42			7.3	7.2				6.4		242	5				211	5			3400				1600	1260	100.0	0.06			0.01	3.50	1		
18	15.46			7.2	7.3				7.0		118	8				133	13			3210				2270	1710	100.0	0.04			0.01	5.80	1		
19	15.08			7.2	7.3				7.0		250	9				218	14			3520				1460	1090	90.0	0.06		8.90	0.01	7.00	1		
20	15.26			7.4	7.0				6.2		204	5				196	8			2940				1380	1060	100.0	0.07			0.01	4.30	1		
21	15.58			7.4	7.0				6.9		296	8				346	13			3120				1390	1110	100.0	0.07			0.01	6.30	1		
22	15.11			7.5	7.0				7.0		372	11				164	11			2680				1370	1050	80.0	0.06	3.21		0.01	6.40	1		
23	14.68			7.5	7.0				7.0		410	6				254	8			3360				1450	1190	90.0	0.05			0.01	4.10	1		
24	23.64			7.6	7.0				7.0		296	8				177	10			2840				1470	1200	110.0	0.07			0.01	2.20	1		
25	22.15			7.3	7.1				6.0		206	8				162	12			3270				1410	1060	80.0	0.06			0.01	3.20	1		
26	18.73			7.4	7.1				6.0		216	10				262	18			3240				1400	1100	60.0	0.04		6.40	0.01	4.50	1		
27	17.51			7.4	7.1				6.0		326	11				198	16			2960				1330	1150	60.0	0.05			0.01	4.50	1		
28	16.52			7.6	7.1				6.0		128	11				160	15			3150				1320	1080	60.0	0.05			0.01	5.20	1		
29	16.74			7.6	7.1				6.0		180	11				188	17			3060				1460	1110	80.0	0.05	2.62		0.01	5.20	1		
30	16.26			7.6	7.6				5.5		240	9				205	12			2810				1480	1240	60.0	0.04			0.01	3.80	1		
31	15.92			7.4	6.9				7.0		192	6				169	10			3320				1720	1360	80.0	0.05			0.01	3.10	1		
Total	515.2	0	0																	0.0		0.0												
Avg.	16.62			7.3	7.1				6.6		235	7				195	9			3177.4				1762.68	1346.32	100.97	0	2.54	6.35	0.01	3.66	1		

Total Number of Sewer Connections: 0
 Residential Connections: _____
 Commercial Connections: _____
 Industrial Connections: _____
 Sewer Connections X 4 = 0

Industrial Waste Population Equivalent
158273 Flow 158903 BOD 155228 TSS

Operator: Kevin D. Ries
 Cert. #: 14874
 Phone #: (502) 540-6031