



MSD

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

March 25, 2008

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

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

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) for the West County Wastewater Treatment Plant, for the month of February 2008. Additionally, the discharge spreadsheet for the West County WTP system is enclosed with this letter.

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 0208.doc

Enclosures

cc: P. Burgin
T. Singleton
R. Shaw



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



MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
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March 25, 2008

Mr. Charlie Roth
Kentucky Division of Water
9116 Leesgate Rd.
Louisville, Kentucky 40222

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

Dear Mr. Roth:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) report for the West County Wastewater Treatment Plant, for the month of February 2008. Additionally, the discharge spreadsheet for the West County WTP system is enclosed with this letter.

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 0208.doc



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Name of Sewage Treatment Plant: West County WTP Jefferson County Month of: February 2008
 KPDES Permit Number: KY0078956 Plant Capacity: 30 MGD 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						Digested Final			Final				
		Remove d (cu. ft.)	Screenin gs (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	Gal/Day	MLSS (mg/L X 1000)	Gal/Day X 1000	Reserve d	Oxygen (mg/L)	Oxygen	MLSS (mg/L)	MLVSS (mg/L X 1000 #1	MLVSS (mg/L X 1000 #1	30 min. SVI	60 min. SVI	% Solids residue	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Coliform Col./100
1	36.48			7.1	7.2				10.0		528.0		11.0			367.0		16.0		5230						1710	1310	110					0.010	6.00	1	
2	30.23			7.2	7.3				9.8		204.0		10.0			209.0		14.0		5230						2240	1690	130					0.010	5.00	1	
3	27.93			7.2	7.1				9.1		184.0		10.0			162.0		12.0		5030						2270	1760	150			7.59	0.010	5.66	1		
4	31.38			7.2	7.1				9.4		138.0		7.0			131.0		8.0		4920						2250	1740	150				0.010	5.66	1		
5	56.16			7.2	7.0				7.8		172.0		18.0			128.0		21.0		5020						2230	1740	140	1.47		0.010	5.00	1			
6	75.82			7.1	6.6				10.6		114.0		15.0			86.0		15.0		7100						1270	1000	80			0.010	2.69	9			
7	40.80			7.9	7.3				10.0		102.0		14.0			75.0		11.0		6580						2640	1920	100				0.010	4.00	1		
8	34.92			7.8	7.0				10.2		143.0		10.0			133.0		10.0		6140						2370	1750	150				0.010	4.54	1		
9	31.63			7.4	7.2				9.9		148.0		9.0			110.0		10.0		6850						2230	1660	140				0.010	5.88	1		
10	28.74			7.2	7.1				9.7		155.0		9.0			139.0		12.0		6320						2340	1720	140		7.90	0.010	6.33	1			
11	27.03			7.5	7.3				9.8		160.0		8.0			131.0		7.0		6040						2800	2080	130				0.010	7.11	2		
12	57.66			7.3	7.3				12.3		208.0		14.0			192.0		16.0		5760						2280	1640	150	1.17		0.010	5.10				
13	50.22			7.3	7.3				7.3		75.0		10.0			71.0		12.0		6280						1320	1060	100				0.010	3.92	1		
14	41.48			7.2	7.2				10.6		105.0		9.0			90.0		12.0		5460						1630	1230	120				0.010	4.31	1		
15	46.06			7.3	7.2				11.0		174.0		7.0			69.0		10.0		5080						1550	1190	120				0.010	5.00	2		
16	43.73			7.1	7.0				10.1		136.0		13.0			102.0		11.0		5880						1870	1350	110				0.010	4.00	2		
17	44.76			7.1	7.0				9.1		123.0		10.0			79.0		14.0		4910						1630	1240	120		6.53	0.010	4.20	1			
18	36.17			7.2	7.1				9.0		144.0		7.0			130.0		12.0		4980						1480	1100	120				0.010	5.15	1		
19	30.37			7.9	7.0				9.1		137.0		7.0			101.0		11.0		4100						1700	1250	120	0.61		0.010	6.05	1			
20	30.37			7.2	7.1				9.1		144.0		11.0			117.0		15.0		4220						1410	1060	120				0.010	7.11	1		
21	31.96			7.2	7.1				8.9		276.0		13.0			175.0		18.0		3850						1640.00	1260	120				0.010	7.62	1		
22	55.51			7.1	7.1				9.7		126.0		17.0			84.0		21.0		3380						1460	1150	100				0.010	4.37	1		
23	40.58			7.3	7.1				9.7		108.0		16.0			108.0		9.0		2380						680.00	600	80				0.010	5.15	3		
24	35.49			7.2	7.1				8.8		127.0		21.0			119.0		23.0		2260						785	620	60		9.15	0.010	6.50	1			
25	34.14			7.3	7.3				8.6		122.0		15.0			109.0		22.0		1830						660	505	60				0.010	6.94	1		
26	35.13			7.3	7.2				9.0		126.0		12.0			117.0		23.0		2290						700	560	80	1.03		0.010	6.44	1			
27	31.62			7.3	7.2				9.0		139.0		9.0			131.0		19.0		2390						860	660	80				0.010	7.34	1		
28	32.14			7.2	7.1				8.3		340.0		12.0			354.0		11.0		2540						950	810	90				0.010	8.46	1		
29	24.80			7.2	7.1				8.7		270.0		12.0			250.0		14.0		3990						1510	1220	120				0.010	9.00	1		
30																																				
31																																				
Total	###	0	0																	0.0					0.0											
Avg.	38.74			7.3	7.1				9.5		169.9		11.6			140.3		14.1		4625.52						1671.21	1272.24	113.45		1.07	7.79	0.010	5.67	1		

Total Number of Sewer Connections: 36173 Industrial Waste Population Equivalent _____ Operator Steve Patterson
 Residential Connections: 34248 _____
 Commercial Connections: 1907 _____ 266185 _____ 163905 _____ 158884 _____ Cert. # 5879
 Industrial Connections: 18 _____ Flow _____ BOD _____ TSS _____ Phone # 540-6042
 Sewer Connections X 3 = 102744

NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: February 2008

Average Flow 38.74 MGD

Weather Data				Remarks
Date	High	Low	Rainfall	
1			0.00	RAS Bid Power outage for Maintenance work
2			0.00	BiSulphite delivery
3			0.23	
4			0.02	
5			1.66	Chlorine Leak Alarm. Reset and re-started Pumps. Plant Power problems
6			0.18	Plant power problems continue. Weather related
7			0.02	Hypo Ordered. North Contact basin put back in service
8			0.00	Mixed Liquor aeration supply off during repairs
9			0.00	#3 bar screen faulted out. Maintenance repaired. Unit back in service
10			0.00	
11			0.00	
12			0.90	#5 Clarifier put in service
13			0.00	Hypo Ordered.
14			0.00	Hypo delivered - 4500 Gallons
15			0.00	BiSulphite delivery - 3886 Gallons
16			0.01	
17			0.21	#1 & #5 clarifier scum trough's clogged
18			0.01	#2 Bar Screen taken out of service
19			0.00	Hypo Ordered. #2 Scum well line broken
20			0.00	Hypo delivered - 4727 Gallons
21			0.06	#2 Scum Well Line repaired. Unit back in service
22			0.00	#5 Clarifier drained
23			0.00	
24			0.08	
25			0.23	Hypo delivery - 4819 Gallons
26			0.09	No wasting - solids are low
27			0.01	
28			0.10	BiSulphite delivery - 3834 gallons
29			0.00	Screen Hopper bay door stuck.
30				
31				
Total			3.81	
Avg.			0.13	



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

KPDES # KY0078956	Facility ID MSD0277	Treatment Plant Name WEST COUNTY	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST
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Facility Type SLS Sewer Lift Station	Facility ID MSD1099-LS	Facility Address 8901 ZABEL WAY	If Pump Station, Name of Pump Station: ZABEL	Receiving Stream FERN CREEK	Discharge to DITCH
--	----------------------------------	---	--	---------------------------------------	------------------------------

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Stat</u>	<u>Event Date</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISREV: RAIN EVENT DISCHARGE	740411	02/06/08 08:00 AM	SINGLETON	PORTER JR	D	12/16/00	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	02/06/08 11:00 AM

Spot Inspections:

Discharge Amount:	500 GAL
Cause:	STORM FLOW, LACK OF CAPACITY IN COLLECTION SYSTEM
Clean Up:	DEBRIS RAKED, BAGGED & HAULED OFF
Control Zone:	TEMPORARY SIGNS WERE POSTED
Impact:	DEBRIS FOUND ON THE GROUND
Repair:	SAP WORK ORDER #5181220 THIS SITE FOUND DURING RAIN EVENT RECON. WILL BE MONITORED & EVALUATED FOR REPAIR.

Notifications:

02/06/08 08:48 AM	Temporary signs were posted
02/06/08 12:58 AM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME MSD WEST COUNTY STP

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

Form Approved.
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211

KY007895A
 PERMIT NUMBER

0012
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL

JEFFE

FACILITY MSD WEST COUNTY STP
 LOCATION LOUISVILLE KY 40272

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	27

MUNICIPAL WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 1 ***

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)	7.3	*****	*****		7.3	*****	*****	(19)	0	01/01	GR
00360 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	2 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	43122	53603	(26)	*****	140	165	(19)	0	01/01	CP	
00310 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MG AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MG AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C)	4643	5797	(26)	*****	14.1	18.3	(19)	0	01/01	CP	
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MG AVG	11259 MX WK AV	LBS/DY	*****	30 MG AVG	45 MX WK AV	MG/L		DAILY	COMPOS
TSS	6.6	7.4	(12)	*****	6.0	9.0	(12)	0	01/01	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	53100	68191	(26)	*****	170	206	(19)	0	01/01	CP	
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MG AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MG AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	3882	4702	(26)	*****	12.0	14.6	(19)	0	01/01	CP	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MG AVG	11259 MX WK AV	LBS/DY	*****	30 MG AVG	45 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	2898	3032	(26)	*****	9.6	9.9	(19)	0	01/01	CP	
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MG AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MG AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. Scharlem
 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.

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

TELEPHONE		DATE		
562	540-6000	08	03	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

Form Approved.
OMB No. 2040-0004

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 THOMASSEN, SR. METRO OPS

KY0078254 PERMIT NUMBER
001 2 DISCHARGE NUMBER

MAJOR (EUBR LV)
F - FINAL JEFFE
MUNICIPAL WASTEWATER EFFLUENT
*** NO DISCHARGE 1 [] ***
NOTE: Read Instructions before completing this form.

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
08	02	01		08	02	29	

PARAMETER	SAMPLE MEASUREMENT	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	1734	1966	(26)	*****	5.7	6.5	(19)	0	01/01	CP	
PERMIT REQUIREMENT	5004 MD AVG	7506 MX WK AV	LBS/DY	*****	20 MD AVG	30 MX WK AV	MG/L		DAILY	COMPOS	
NITROGEN, NITRATE TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	2202	2708	(26)	*****	7.8	9.2	(19)	0	01/01	CP	
PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS	
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	427	689	(26)	*****	1.1	1.5	(19)	0	01/01	CP	
PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 0 0 0 RAW SEW/INFLUENT	38.5	69.4	(03)	*****	*****	*****	*****	0	CN	CN	
PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		CONTIN	CONTIN	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	38.7	75.8	(03)	*****	*****	*****	*****	0	CN	CN	
PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		CONTIN	CONTIN	
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<0.010	(19)	0	01/01	GR	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.019 DAILY MX	MG/L		DAILY	GRAB	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	1.2	1.4	(13)	0	01/01	GR	
PERMIT REQUIREMENT	*****	*****	*****	*****	200 300A GED	400 7 DA GED	100ML		DAILY	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schardein 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Kevin D. Peto</i>	TELEPHONE 502 540-6000 AREA CODE NUMBER	DATE 08 03 25 YEAR MO DAY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

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

Form Approved.
OMB No. 2040-0004

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

MY007825A
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	27

*** NO DISCHARGE [] ***

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			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		90	*****	*****	(23)	0	01/29	CA
BOD, 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PER-CENT		ONCE/MONTH	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		93	*****	*****	(23)	0	01/29	CA
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PER-CENT		ONCE/MONTH	CALC'D
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein
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.

Signature of Principal Executive Officer or Authorized Agent
Kurt D. Pies
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
582 540-6000 08 03 25
AREA CODE NUMBER YEAR MO DAY

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

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

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

Form Approved.
OMB No. 2040-0004

NAME M50 WEST COUNTY STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY M50 WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN: DENNIS THOMASSON, SR METRO DPG

KY0078954 PERMIT NUMBER
0012 DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
REASONABLE POTENTIAL EFFLUENT
*** NO DISCHARGE 1 1 ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	02	01	TO	08	02	29

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			
CHROMIUM, HEXAVALENT (AS CR) 01002 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.010	<0.010	(17)		0	01/29 CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MAX	MG/L			ONCE/MONTH COMPOS
	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 H.J. Schardein 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Kevin D. P...</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			502	540-6000	08	03	25

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