



MSD

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

October 25, 2008

Ms. Vickie L. Prather
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

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

Dear Ms. Prather:

Attached are the Discharge Monitoring Report (DMR) for the West County Wastewater Treatment Plant, for the month of September 2008. Additionally, the discharge reports for the West County WTP system is enclosed with this letter, along with the 3rd quarter biomonitoring DMR.

Also, enclosed is a plant bypass letter for West County WTP.

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 0908.doc

Enclosures

cc: 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
www.msdlouky.org*

October 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
September 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 September 2008.

Additionally, the discharge reports for the West County WTP system is enclosed with this letter, along with the 3rd quarter biomonitoring DMR.

Also, enclosed is a plant bypass letter for West County WTP.

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 0908.doc



*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
www.msdlouky.org

September 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 West County WTP – 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 AM on September 15, 2008, referencing Work Order 823278 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: Power outage due to wind storm caused 69,444 gallons of secondary treated wastewater, to be discharged to Waters of the US without disinfection and dechlorination.
- Period of noncompliance: Starting 04:20 PM on September 14, 2008 and stopping 04:25 PM on September 14, 2008.
- Steps taken or planned to reduce, eliminate and prevent recurrence: Impact to WUS was reduced by closing the 120" influent gate to prevent flooding pump station and reduce the amount of effluent leaving the wastewater plant.

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)-396-7543 or via email at ries@msdlouky.org.

Sincerely,

Kevin Ries
Process Supervisor-Operations

cc: Gary Levy, KDEP
Sean Ireland, EPA

eB File
Paula Purifoy, MSD





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

KPDES # KY0078956	Facility ID MSD0277	Treatment Plant Name WEST COUNTY	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST						
Facility Type SMH Sewer Manhole	Facility ID 62023	Facility Address 4307 SOUTH RIDGE DR	If Pump Station, Name of Pump Station:	Receiving Stream POND CREEK	Discharge to GROUND					
Activity Code / Description DISDW: DRY WEATHER DISCHARGE	WO # 823473	Initiated 09/15/08 02:45 PM	Initiated By MARINO	Assigned To MARINO	Disch Status REPAIRED - ISSUE RESOLVED	Event Date 09/15/08	Problem POWER OUTAGE (LG&E)	Result DISCHARGE TO WATERS OF THE US	Completed 09/15/08 03:50 PM	Condition

Spot Inspections:

Discharge Amount:	50 GAL
Cause:	POWER OUTAGE PUMP STATION NOT WORKING
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA
Impact:	SEWAGE AND WATER DISCHARGING FROM MANHOLE
Repair:	OPEARATIONS REPAIRED THE PUMP STATION

Notifications:

09/15/08 02:45 PM	DISPUB	ADVISED CUSTOMER ON SITE
09/15/08 12:57 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Sep 01, 2008 12:00 AM thru Sep 30, 2008 11:59 PM

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

KPDES # KY0078956 (Cont'd)	Facility ID MSD0277	Treatment Plant Name WEST COUNTY	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST						
Facility Type SLS Sewer Lift Station	Facility ID MSD0133-PS	Facility Address 10212 CAVEN AVE	If Pump Station, Name of Pump Station: CAVEN AVE	Receiving Stream MUD CREEK	Discharge to GROUND					
Activity Code / Description DISREV: RAIN EVENT DISCHARGE	WO # 822407	Initiated 09/09/08 11:10 AM	Initiated By SINGLETON	Assigned To RIES	Disch Status DOCUMENTED	Event Date 04/04/08	Problem MECHANICAL FAILURE	Result DISCHARGE TO WATERS OF THE US	Completed 09/09/08 11:40 AM	Condition

Spot Inspections:

Discharge Amount: 40 GAL
Cause: SEWAGE BACK FLOWED FROM LINE AS CHECK VALVE WAS BEING REPAIRED.
Clean Up: AREA DISINFECTED WITH LIME
Control Zone: TEMPORARY SIGNS WERE PLACED AROUND IMPACTED AREA.
Impact: SEWAGE WAS FOUND
Repair: CHECK VALVE REPAIRS COMPLETE

Notifications:

09/09/08 12:57 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
09/09/08 11:10 AM DISPUB Temporary signs placed around impacted area



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Sep 01, 2008 12:00 AM thru Sep 30, 2008 11:59 PM

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

KPDES # KY0078956 (Cont'd)	Facility ID MSD0277	Treatment Plant Name WEST COUNTY	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST						
Facility Type SLS Sewer Lift Station	Facility ID MSD0140-PS	Facility Address 423 ECHAPPE LN	If Pump Station, Name of Pump Station: TREE LINE	Receiving Stream BEE LICK CREEK	Discharge to DITCH					
Activity Code / Description DISDW: DRY WEATHER DISCHARGE	WO # 823551	Initiated 09/16/08 01:15 AM	Initiated By SINGLETON	Assigned To RIES	Disch Status REPAIRED - ISSUE RESOLVED	Event Date 09/16/08	Problem POWER OUTAGE (LG&E)	Result DISCHARGE TO WATERS OF THE US	Completed 09/16/08 04:00 AM	Condition

Spot Inspections:

Discharge Amount: 49,500 GAL
Cause: POWER FAIL DUE TO STRONG WINDS IN THE AREA
Clean Up: MSD CLEANED & SANITIZED THE AREA
Control Zone: TEMPORARY SIGNS POSTED AT THE IMPACTED AREA
Impact: SEWAGE NOTICED IN THE AREA
Repair: HAULED TO STOP THE OVERFLOW; WO#823669

Notifications:

09/16/08 12:57 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
09/16/08 01:15 AM DISPUB Temporary signs posted at impacted area



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Sep 01, 2008 12:00 AM thru Sep 30, 2008 11:59 PM

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

KPDES # KY0078956 (Cont'd)		Facility ID MSD0277		Treatment Plant Name WEST COUNTY		Receiving Stream of Treatment Plant OHIO RIVER			Region WEST		
Facility Type SLS Sewer Lift Station		Facility ID MSD0180-PS		Facility Address 7201 OUTER LOOP		If Pump Station, Name of Pump Station: GOVERNMENT CENTER		Receiving Stream PENNSYLVANIA RUN		Discharge to DITCH	
<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE		<u>WO #</u> 823396	<u>Initiated</u> 09/15/08 12:10 AM	<u>Initiated By</u> MARKS JR	<u>Assigned To</u> OTTO	<u>Disch Status</u> DOCUMENTED	<u>Event Date</u> 12/16/00	<u>Problem</u> POWER OUTAGE (LG&E)	<u>Result</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 09/15/08 02:45 AM	<u>Condition</u>

Spot Inspections:

Discharge Amount: 3,875 GAL
Cause: LGE POWER FAILURE
Clean Up: MSD SCRUBBED & SANITIZED THE AREA
Control Zone: TEMP SIGNS POSTED
Impact: DEBRIS FOUND AT SITE
Repair: HAULING STATION #823561

Notifications:

09/15/08 12:00 PM DIS PUB temp signs posted
09/15/08 12:57 AM DIS NOT 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 # KY0078956 (Cont'd)	Facility ID MSD0277	Treatment Plant Name WEST COUNTY	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST						
Facility Type SPL Sewer Treatment Plant	Facility ID MSD0277	Facility Address 11621 LOWER RIVER RD	If Pump Station, Name of Pump Station:	Receiving Stream OHIO RIVER	Discharge to STREAM					
<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 823278	<u>Initiated</u> 09/14/08 04:20 PM	<u>Initiated By</u> MARKS JR	<u>Assigned To</u> LANGFORD	<u>Disch Status</u> DOCUMENTED	<u>Event Date</u> 10/17/06	<u>Problem</u> BYPASS AT TREATMENT PLANT	<u>Result</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 09/14/08 04:25 PM	<u>Condition</u>

Spot Inspections:

Discharge Amount:	69,444 GAL
Cause:	LGE POWER FAILURE
Clean Up:	NO CLEAN UP REQUIRED
Control Zone:	NO CONTROL ZONE REQUIRED
Impact:	NO IMPACT OBSERVED
Repair:	CLOSED 120INCH GATE TO STOP PLANT FLOW TIL POWER RESTORED

Notifications:

09/14/08 09:43 PM	DISPUB	Public notified by Project WIN website & permanent signs.
09/14/08 12:57 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Sep 01, 2008 12:00 AM thru Sep 30, 2008 11:59 PM

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

KPDES # KY0078956	Facility ID MSD0277	Treatment Plant Name WEST COUNTY	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST						
Facility Type SPL Sewer Treatment Plant	Facility ID MSD0277	Facility Address 11621 LOWER RIVER RD	If Pump Station, Name of Pump Station:	Receiving Stream OHIO RIVER	Discharge to STREAM					
Activity Code / Description DISDW: DRY WEATHER DISCHARGE	WO # 823278	Initiated 09/14/08 04:20 PM	Initiated By MARKS JR	Assigned To LANGFORD	Disch Status DOCUMENTED	Event Date 10/17/06	Problem BYPASS AT TREATMENT PLANT	Result DISCHARGE TO WATERS OF THE US	Completed 09/14/08 04:25 PM	Condition

Spot Inspections:

Discharge Amount:	69,444 GAL
Cause:	LGE POWER FAILURE
Clean Up:	NO CLEAN UP REQUIRED
Control Zone:	NO CONTROL ZONE REQUIRED
Impact:	NO IMPACT OBSERVED
Repair:	CLOSED 120INCH GATE TO STOP PLANT FLOW TIL POWER RESTORED

Notifications:

09/14/08 09:43 PM	DISPUB	Public notified by Project WIN website & permanent signs.
09/14/08 12:57 PM	DISNOT	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
 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)

Form Approved.
 OMB No. 2040-0004

KY0078956
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MAJOR
 (SUBR LV)
 F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	09	01	TO	08	09	30

MUNICIPAL WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 ***

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		5.6	*****	*****	(19)		%	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	2	*****	*****				
EFFLUENT GROSS VALUE				INST MIN				MG/L			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	26562	31339	(26)	*****	197	247	(19)		%	CP
00310 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT				
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	1232	1623	(26)	*****	9	11	(19)		%	CP
00310 1 0 0	PERMIT REQUIREMENT	7506	11259		*****	30	45				
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.2	(12)		%	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0				
EFFLUENT GROSS VALUE				*****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	28878	30965	(26)	*****	212	242	(19)		%	CP
00530 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT				
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	941	1335	(26)	*****	7	9	(19)		%	CP
00530 1 0 0	PERMIT REQUIREMENT	7506	11259		*****	30	45				
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2709	2829	(26)	*****	20	22	(19)		%	CP
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT				
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.				H. J. Schardein Exec. Director		TELEPHONE		DATE		
TYPED OR PRINTED							502 540-6000	08	10	24	
				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		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
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 NUMBER001 2
DISCHARGE NUMBERMAJOR
(SUBR LV)
F - FINAL

JEFFE

MUNICIPAL WASTEWATER
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	AVERAGE	MAXIMUM	UNITS			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 445	5004	662	(26)	*****	3	4	(19)	Ø	%	CP
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LB/DY	*****	20	30			DAILY	COMPOS
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 748	REPORT	1009	(26)	*****	5.4	6.8	(19)	Ø	%	CP
	PERMIT REQUIREMENT	MO AVG	REPORT	LB/DY	*****	REPORT	REPORT			WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 404	REPORT	547	(26)	*****	2.9	3.7	(19)	Ø	%	CP
	PERMIT REQUIREMENT	MO AVG	REPORT	LB/DY	*****	REPORT	REPORT			WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT 17.1	REPORT	19.8	(03)	*****	*****	*****		Ø	CN	CN
	PERMIT REQUIREMENT	MO AVG	REPORT	MGD	*****	*****	*****	*****		CONTIN	CONTIN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 16.4	REPORT	18.7	(03)	*****	*****	*****		Ø	CN	CN
	PERMIT REQUIREMENT	MO AVG	REPORT	MGD	*****	*****	*****	*****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****		*****	*****	<0.010	(19)	Ø	%	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.019			DAILY	GRAB
							DAILY MX	MG/L			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****		*****	7	20	(13)	Ø	%	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	*/		DAILY	GRAB
						30DA GED	7 DA GED	100ML			
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		
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
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 NUMBER001 2
DISCHARGE NUMBER

MAJOR

(SUBR LV)

F - FINAL

JEFFE

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	07	30

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			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		95	*****	*****	(23)	0	1/30	CA
B1010 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PER--		ONCE/	CALCTD
					MO AVG			CENT		MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		97	*****	*****	(23)	0	1/30	CA
B1011 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PER--		ONCE/	CALCTD
					MO MIN			CENT		MONTH	
	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	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.	TELEPHONE	DATE			
H.J. Schardein Exec. Director						
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502 540-6000	08	10	24	
		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
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 R
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	09	30

FROM

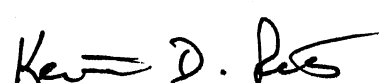
TO

REASONABLE POTENTIAL
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	AVERAGE	MAXIMUM	UNITS			
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)		0/30	CP
01032 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			ONCE/	COMPOS
EFFLUENT GROSS VALUE				*****		NO AVG	DAILY MX	MG/L		MONTH	
	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	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 TYPED OR PRINTED			502 546-6000 AREA CODE NUMBER	08	10	24	YEAR

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

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 Y
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
08 07 01 08 09 30

WIDMONITORING/METALS/QUARTERLY
EFFLUENT

*** NO DISCHARGE 1 1 ***

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			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	255	255	(19)	Ø	01/90	G2
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		GTRLY	GRAB-2
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.05	0.05	(19)	Ø	01/90	G2
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		GTRLY	GRAB-2
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0001	0.0001	(19)	Ø	01/90	G2
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		GTRLY	GRAB-2
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	(19)	Ø	01/90	G2
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		GTRLY	GRAB-2
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.006	0.006	(19)	Ø	01/90	G2
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		GTRLY	GRAB-2
TOXICITY, FINAL CONC TOXICITY UNITS 01406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.00	(2F)	Ø	01/90	G2
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.00 ACUTE DAILY MX TOXCTV			GTRLY	GRAB-2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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.					TELEPHONE		DATE			
H.S. Schardein Exec. Director											
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					502.540-6000		08 10 24			
						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 County Month of: September 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						Dig Sludge	Final						
		Grit Removed (cu ft)	Screenings (cu. ft)		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	WAS	Gal/Day X 1000	Preserved Oxygen (mg/L) #1	Preserved Oxygen (mg/L) #2	MLSS (mg/L) X1000 #1&2	MLVSS (mg/L) X1000 #1&2	80 min. Settle.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col/100ml	
1	16.45			7.4	7.0			6.0		194		6				227		9		2690						1940	1580	100.0	0.05				0.01	4.20	12	
2	16.05			7.1	7.0			6.2		184		7				192		9		3540						1850	1480	110.0	0.06		3.53		0.01	4.00	6	
3	18.71			7.1	7.0			6.2		174		6				149		11		3020						2720	2190	90.0	0.03				0.01	4.10	74	
4	18.72			8.6	7.1			5.6		200		7				177		9		3280						1540	1230	90.0	0.06		3.02		0.01	3.40	10	
5	18.27			7.2	7.2			6.1		232		7				155		12		3150						1480	1200	90.0	0.06		4.58		0.01	5.50	30	
6	17.79			7.2	7.1			5.9		164		8				150		11		3210						1520	1170	90.0	0.06				0.01	4.80	108	
7	25.41			7.2	7.1			6.0		200		10				176		10		3080						1430	1180	90.0	0.06			6.80	0.01	5.40	7	
8	17.33			7.2	7.0			6.5		178		7				174		9		3030						1440	1120	90.0	0.06				0.01	4.80	5	
9	18.76			7.2	7.0			6.7		214		10				153		15		2020						1250	1010	80.0	0.06		2.82		0.01	3.80	5	
10	17.99			8.2	6.9			6.7		226		12				160		9		3520						2700	2140	100.0	0.04				0.01	2.20	9	
11	17.67			7.4	7.0			6.9		238		10				169		7		3250						2020	1670	120.0	0.06				0.01	1.80	10	
12	16.97			7.4	7.0			6.7		188		8				162		9		3540						1850	1420	110.0	0.06				0.01	2.60	2	
13	17.20			7.2	7.0			6.9		202		6				208		11		3270						1990	1550	110.0	0.06				0.01	2.90	4	
14	0.00			7.3	6.9			6.4		216		9				220		18		3710						2470	1950	120.0	0.05			6.80	0.01	4.60	6	
15	6.60			7.3	7.1			6.6		216		6				161		9		2340						1810	1420	140.0	0.08				0.01	2.40	4	
16	14.70			7.2	7.1			6.3		274		6				328		5		3290						2280	1810	160.0	0.07		1.40		0.01	1.20	17	
17	15.90			7.3	7.2			6.3		234		6				252		13		3440						2130	1650	140.0	0.07				0.01	4.40	2	
18	14.70			8.1	7.0			6.7		362		6				262		7		3950						2900	2300	90.0	0.03				0.01	2.90	2	
19	14.10			7.1	7.2			6.7		202		5				245		6		3110						3640	2920	100.0	0.03				0.01	2.10	1	
20	14.90			6.9	7.2			6.9		210		3				189		4		2300						2340	1830	100.0	0.04				0.01	2.50	2	
21	15.60			7.2	6.9			6.9		198		5				238		10		3810						1840	1500	140.0	0.08			3.90	0.01	2.40	3	
22	0.00			7.2	7.0			6.6		174		4				177		8		3410						1900	1550	150.0	0.08				0.01	5.40	1	
23	14.55			7.4	6.9			6.4		184		5				179		8		2940						1740	1360	140.0	0.08		2.12		0.01	2.90	5	
24	0.00			7.3	7.1			6.4		194		5				159		5		2970						1600	1370	130.0	0.08				0.01	2.10	4	
25	15.90			7.3	6.9			6.4		226		6				196		7		2810						1930	1550	120.0	0.06				0.01	1.80	6	
26	15.18			7.3	6.9			6.3		228		5				182		6		3700						2010	1590	140.0	0.07				0.01	1.00	2700	
27	14.89			7.3	7.0			6.2		216		5				190		6		2760						1750	1410	130.0	0.07				0.01	1.70	2	
28	15.41			7.2	7.1			6.2		202		4				206		5		2890						1850	1500	130.0	0.07			3.90	0.01	2.60	2	
29	15.18			7.3	6.9			6.0		186		6				200		7		2660						1840	1490	120.0	0.07				0.01	2.30	5	
30	16.30			7.2	7.0			5.7		214		7				207		8		3140						1770	1490	140.0	0.08		2.46		0.01	2.20	2	
31	0.00																												#VALUE!							
Total	441.2	0	0																0.0		0.0															
Avg.	14.23			7.3	7.0			6.4		211		7				195		9		3127.7							1984.33	1587.67	115.33	#VALUE!		2.85	5.35	0.01	3.13	7

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent _____ Operator Kevin D. Ries

Residential Connections: _____ _____

Commercial Connections: 135554 135998 119270 Cert. # 53843

Industrial Connections: _____ Flow BOD TSS

Sewer Connections X 4 = 0 Phone # (502) 540-6031