



MSD

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

August 26, 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
July 2008

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) for the West County Wastewater Treatment Plant, for the month of July 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 0708.doc

Enclosures

cc: T. Singleton
R. Shaw



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



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700 West Liberty Street
Louisville Kentucky 40203-1911
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August 26, 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
July 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 July 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 0708.doc



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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 DPS

KY0078954
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL JEFFE
 MUNICIPAL WASTEWATER EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	07	31

*** 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 (DD) 00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****		5.0	*****	*****	(19)		%	GR
	PERMIT REQUIREMENT	*****	*****	***	2	*****	*****	MG/L			DAILY GRAB
BOD, 5-DAY (20 DEG. C) 00310 0 0 0 RAW SEW/INFLUENT		41855	60431	(26)	*****	279	398	(19)		%	CP
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	BS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			DAILY COMPOS
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE		1935	2354	(26)	*****	13.0	15.3	(19)		%	CP
	PERMIT REQUIREMENT	7506 MD AVG	11259 MX WK AV	BS/DY	*****	30 MD AVG	45 MX WK AV	MG/L			DAILY COMPOS
PH		*****	*****		6.8	*****	7.3	(12)		%	GR
	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	9.0	BU			DAILY GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 RAW SEW/INFLUENT		47112	80406	(26)	*****	308	527	(19)		%	CP
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	BS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			DAILY COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE		991	1349	(26)	*****	7.0	8.7	(19)		%	CP
	PERMIT REQUIREMENT	7506 MD AVG	11259 MX WK AV	BS/DY	*****	30 MD AVG	45 MX WK AV	MG/L			DAILY COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT		2676	2769	(26)	*****	18	19	(19)		%	CP
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	BS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			DAILY COMPOS

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
 Kent D. Re

TELEPHONE 502 540-6000
 DATE 08 8 26
 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.

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
 MUNICIPAL WASTEWATER EFFLUENT
 *** NO DISCHARGE [] ***
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	07	31

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		646	852	(26)	*****	4.3	5.5	(19)		01/01	CP
		PERMIT REQUIREMENT	5004 MD AVG	7506 MX WK AV	BS/DY	*****	20 MD AVG	30 MX WK AV	MG/L		DAILY COMPOS
NITROGEN, NITRATE TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE		964	1273	(26)	*****	6.3	7.6	(19)		01/07	CP
		PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	BS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE		326	358	(26)	*****	2.2	2.5	(19)		01/07	CP
		PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	BS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 0 RAW SEW/INFLUENT		18.4	26.7	(03)	*****	*****	*****				CN CN
		PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTINCONTIN UOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		18.0	27.2	(03)	*****	*****	*****				CN CN
		PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTINCONTIN UOUS
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	<0.010	(19)		01/01	GR
		PERMIT REQUIREMENT	*****	*****	***	*****	0.017 DAILY MX	MG/L			DAILY GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	11	24	(13)		01/01	GR
		PERMIT REQUIREMENT	*****	*****	***	*****	200 30DA SED	400 #/ 7 DA SED 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 Kevin D. Pies	TELEPHONE		DATE		
			502 540-6000	08 8 26	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)

NAME MSD WEST COUNTY STP
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 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

JEFFE

MONITORING PERIOD

FROM YEAR 08 MO 07 DAY 01 TO YEAR 08 MO 07 DAY 31

MUNICIPAL WASTEWATER EFFLUENT

*** 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	*****	*****		95	*****	*****	(23)	Ø	01/31	CA
B1010 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	BE MD AVG	*****	*****	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		98	*****	*****	(23)	Ø	01/31	CA
B1011 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	BE MD MIN	*****	*****	PER-CENT		ONCE/MONTH	CALCTD
	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

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

TELEPHONE 502-540-6000
 DATE 08 8 26
 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)

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	07	31

REASONABLE POTENTIAL
 EFFLUENT

*** NO DISCHARGE 1 1 ***

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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)		*****	*****		*****	<0.010	<0.010	(19)		0 1/31	CP
DI032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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Ken D. Roe
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 562.540-6000
 DATE 08 8 26
 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: July 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	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 Gall/Day	MLSS mg/L X 1000	Gall/Day X 1000	Oxygen (mg/L) #1	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	6.27			7.1	7.0				7.1		336	4				308			10		2670					1580	1280	140.0	0.09		1.57		0.01	3.90	8	
2	16.35			7.0	6.9				6.2		162	6				186			9		2660					1620	1320	120.0	0.07				0.01	4.20	15	
3	16.47			7.0	6.9				6.1		716	7				487			15		2560					1510	1230	120.0	0.08				0.01	4.30	7	
4	19.61			7.1	6.8				5.7		758	9				487			14		2880					1510	1220	120.0	0.08				0.01	5.40	7	
5	20.59			7.1	7.0				5.2		562	7				445			11		2770					1740	1350	100.0	0.06				0.01	4.10	1	
6	17.83			7.2	7.1				5.2		462	7				422			9		2820					1680	1380	130.0	0.08		6.20		0.01	4.10	6	
7	18.64			7.1	7.1				5.0		692	6				451			11		2820					1730	1390	120.0	0.07				0.01	4.90	9	
8	19.09			7.3	7.0				6.0		450	7				405			10		2540					1550	1220	120.0	0.08	2.25			0.01	4.60	7	
9	20.27			7.0	6.9				6.0		594	8				424			11		2580					2020	1620	100.0	0.05				0.01	4.80	1	
10	18.40			7.1	7.0				5.3		134	8				193			16		2610					1570	1230	100.0	0.06				0.01	6.00	6	
11	17.44			7.3	7.2				5.8		144	9				177			15		2540					1530	1180	90.0	0.06				0.01	5.60	6	
12	19.34			7.5	7.2				5.0		210	14				171			25		2510					1430	1100	100.0	0.07				0.01	6.20	228	
13	20.08			7.5	7.2				5.0		144	9				179			15		2790					1440	1150	80.0	0.06		7.60		0.01	5.70	3530	
14	19.07			7.2	7.2				5.0		152	6				177			15		2570					1670	1270	100.0	0.06				0.01	5.90	23	
15	18.65			7.1	7.0				6.0		222	5				196			12		2490					1730	1370	100.0	0.06	2.47			0.01	4.30	3	
16	17.96			7.2	7.1				6.6		154	6				227			12		2500					1680	1290	100.0	0.06				0.01	5.00	27	
17	17.38			7.3	7.1				6.5		236	6				251			17		2460					1550	1180	100.0	0.06				0.01	4.60	7	
18	15.77			7.3	7.1				6.6		216	8				218			19		3350					1500	1260	100.0	0.07				0.01	4.60	7	
19	15.36			7.1	7.0				6.6		222	8				204			13		3450					1510	1230	100.0	0.07				0.01	4.60	23	
20	17.56			7.2	7.1				6.7		296	7				299			18		2620					1500	1210	100.0	0.07		6.70		0.01	4.80	18	
21	18.35			7.3	7.0				6.6		272	7				239			16		2500					1540	1270	100.0	0.06				0.01	4.60	48	
22	17.59			6.3	7.1				6.5		292	5				329			15		2920					1690	1290	100.0	0.06	2.06			0.01	3.90	53	
23	16.15			7.2	7.1				6.7		154	6				239			20		2980					1700	1330	130.0	0.08				0.01	4.80	13	
24	17.98			7.2	7.0				7.1		228	6				300			13		2890					1620	1310	120.0	0.07				0.01	3.10	18	
25	16.88			7.2	7.0				6.5		234	5				291			13		2870					1950	1580	140.0	0.07				0.01	1.90	6	
26	16.88			7.1	7.0				6.5		218	5				377			14		2780					1680	1360	140.0	0.08				0.01	3.40	11	
27	16.97			7.1	7.0				6.5		194	5				236			11		2740					1450	1070	150.0	0.10		4.80		0.01	3.10	1	
28	17.33			7.1	7.3				6.5		204	5				195			7		3000					2050	1600	140.0	0.07				0.01	2.60	29	
29	16.95			7.3	7.1				6.8		300	4				179			7		3120					1950	1570	150.0	0.08	2.84			0.01	2.00	4	
30	19.24			7.3	6.9				6.5		240	4				217			7		2900					2340	1840	140.0	0.06				0.01	3.50	3	
31	27.19			8.8	7.2				6.0		342	5				131			8		3730					1920	1510	140.0	0.07				0.01	2.80	2	
Total	553.6	0	0																	0.0		0.0														
Avg.	17.86			7.2	7.0				6.1		308	7				279			13		2796.8					1675.48	1329.35	115.81	0		2.24	6.33	0.01	4.30	11	

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

Industrial Waste Population Equivalent
170089 Flow
244194 BOD
218273 TSS

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

NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: July 2008
 Average Flow 17.86 MGD

Weather Data				Rainfall	Remarks
Date	High	Low			
1				0.00	Hypochlorite Ordered
2				0.00	Contractors working on #3 Bar Screen
3				0.56	#1 Grit Classifier put back in service
4				0.60	DOB's, #1=1, #2=2, #3=1.5
5				0.63	Clarifiers # 2&3 Hosed down
6				0.00	
7				0.16	Bisulphite Ordered
8				0.25	RAS Bld Power fail Alarm. Bisulphite delivered
9				0.26	
10				0.00	Setup Defoamer at Effluent Channel
11				0.00	Pest Control Contractor treating plant
12				0.92	
13				0.00	Shively PS power fail. Screen room Screw conveyor out of service.
14				0.00	Contractors working on #3 Bar Screen
15				0.00	Checked for force main leak at Sun Valley Golf course.
16				0.00	Plant fence line and gates sprayed with weed killer.
17				0.00	Effluent DO meter failed, readings being taken with hand held device.
18				0.00	API vactored screen hoppers. South Contact basin taken out of service.
19				0.00	Flushed South contact basin several times. Hypochlorite Ordered
20				0.00	API vactoring south contact basin.
21				0.24	Hypochlorite Delivered
22				0.26	A-4 pump in service to flush out "A" wet well. Bisulphite delivered.
23				0.00	Maintenance working on #3 Barscreen.
24				0.00	Scheduled Plant power outage.
25				0.00	API cleaning North Contact basin.
26				0.00	API finished with North contact basin.
27				0.00	2B pump off while exercising pumps 3B, 4B, & 4A. 2B back in service.
28				0.16	North Contact basin returned to service.
29				0.00	Scheduled Plant power outage.
30				1.13	Scheduled Plant power outage.
31				0.03	Maintenance working in RAS Bld.
Total				5.2	
Avg.				0.17	



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 SMN Sewer Main	Facility ID MSD1147-PS	Facility Address 6500 MOUNT WASHINGTON RD	If Pump Station, Name of Pump Station:	Receiving Stream PENNSYLVANIA RUN	Discharge to DITCH
--	----------------------------------	---	---	---	------------------------------

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>
DISDW: DRY WEATHER DISCHARGE	806000	07/11/08 09:50 AM	ELDER	LANGFORD	REPAIRED - ISSUE RESOLVED	07/11/08	STRUCTURAL FAILURE	DISCHARGE TO WATERS OF THE US	07/11/08 09:55 AM

Spot Inspections:

Discharge Amount:	10,000 GAL
Cause:	STRUCTURE FAILURE OF BRACE OF DISCHARGE PIPE
Clean Up:	RAKED DEBRIS & HAULED
Control Zone:	TEMPORARY SIGNS POSTED AROUND AFFECTED AREA
Impact:	SEWAGE & SOLIDS
Repair:	CONTRACTOR IS REPAIRING PIPE WHILE MSD HAULS TO PREVENT ANY MORE OVERFLOW

Notifications:

07/11/08 12:57 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/11/08 12:57 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/11/08 12:23 PM	DISPUB	Temporary signs placed around affected area