



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

February 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
January 2008

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) for the West County Wastewater Treatment Plant, for the month of January 2008. Additionally, the discharge spreadsheets 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 0108.doc

Enclosures

cc: P. Burgin
T. Singleton
R. Shaw



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



Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
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February 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
January 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 January 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,

A handwritten signature in black ink, appearing to read "Kevin D. Ries". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kevin D. Ries
Process Supervisor, West Region

KDR/West County 0108.doc



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

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT

JEFFE

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

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

NAME NSD WEST COUNTY STP
ADDRESS C/O CEDAR CREEK STP
2405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY NSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

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

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)		*****	*****		7.1	*****	*****	(19)	Ø	01/01	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ***	2 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)		35952	44713	(26)	*****	159	176	(19)	Ø	01/01	CP
00310 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C)		5595	7601	(26)	*****	24.6	27.3	(19)	Ø	01/01	CP
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MD AVG	11259 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		DAILY	COMPOS
PH		*****	*****		7.0	*****	7.4	(12)	Ø	01/01	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ***	6.0 MINIMUM	*****	9.0 MAXIMUM	BU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED		45208	55783	(26)	*****	202	271	(19)	Ø	01/01	CP
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED		4486	7109	(26)	*****	19.0	22.7	(19)	Ø	01/01	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MD AVG	11259 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		2837	2988	(26)	*****	13.0	16.5	(19)	Ø	01/01	CP
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/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.

Kevin D. Rue

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

502 540-6000

AREA CODE NUMBER

DATE

08 02 25

YEAR MO DAY

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

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

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

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT

JEFFE

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

00079954
PERMIT NUMBER

001 2
DISCHARGE NUMBER

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

*** 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			
NITROGEN, AMMONIA TOTAL (AS N) 00510 1 0 0 EFFLUENT GROSS VALUE	1723	5004 MO AVG	1968 7506 MX WK AV	(26) LBS/DY	*****	7.8 20 MO AVG	9.8 30 MX WK AV	(19) MG/L	Ø	01/01	CP DAILY COMPOS
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	2521	REPORT MO AVG	REPORT MX WK AV	(26) LBS/DY	*****	11.9 REPORT MO AVG	13.0 REPORT MX WK AV	(19) MG/L	Ø	01/07	CP WEEKLY COMPOS
PHOSPHORUS, TOTAL (AS P) 00565 1 0 0 EFFLUENT GROSS VALUE	394	REPORT MO AVG	REPORT MX WK AV	(26) LBS/DY	*****	1.8 REPORT MO AVG	2.3 REPORT MX WK AV	(19) MG/L	Ø	01/07	CP WEEKLY COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 0 0 0 RAW SEW/INFLUENT	27.4	REPORT MO AVG	REPORT DAILY MX	(03) MGD	*****	*****	*****	****	Ø	CN	CN CONTINCONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	27.4	REPORT MO AVG	REPORT DAILY MX	(03) MGD	*****	*****	*****	****	Ø	CN	CN CONTINCONTINUOUS
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	< 0.010 0.019 DAILY MX	(19) MG/L	Ø	01/01	GR DAILY GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	2 200 30DA GED	2 400 #/ 7 DA GED	(13) 100ML	Ø	01/01	GR DAILY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.S. Scharlein
Exec. Director
TYPED OR PRINTED

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Signature of Principal Executive Officer or Authorized Agent
Kenna D. Ross

TELEPHONE: 502 540-6000
DATE: 08 02 25

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)

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

KY0075554
PERMIT NUMBER

001 2
DISCHARGE NUMBER

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

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

*** 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			
BOD, 5-DAY PERCENT REMOVAL BIO10 K O O	*****	*****			85	*****	*****	(23)		01/31	CA
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	B5 NO AVG	*****	*****	PER-CENT		ONCE / MONTH	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL BIO11 K O O	*****	*****			90	*****	*****	(23)		01/31	CA
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	B5 NO MIN	*****	*****	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.

Kent D. [Signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	08	02	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

USE NO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

MAJOR
(SUBR LV)
F - FINAL

JEFFERSON

REASONABLE POTENTIAL
EFFLUENT

*** NO DISCHARGE 1 1 ***

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NAME MSD WEST COUNTY STP
ADDRESS C/O CEDAR CREEK STP
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0078954
PERMIT NUMBER

001 R
DISCHARGE NUMBER

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

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHROMIUM, HEXAVALENT (AS CR) D1032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)		01/31	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MX	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										

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Exec. Director
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Kevin D. Ries
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502-540-6000
DATE: 08 02 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 County: Jefferson Month of: January 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	Raw	Primary (or Sec.)	Final	Million Gall/Day	MLSS mg/L X 1000	Gall/Day X 1000 Observed	Oxygen (mg/L) #1	Oxygen (mg/L) #2	MLSS (mg/L) X 1000 #1	MLVSS (mg/L) X 1000 #1	30 min. Sett6.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform /100ml
1	23.74			7.2	7.1					8.0		154		20			139		27				4460					1650	1260	100.0	0.06		2.26	13.40	0.01	10.10	5	
2	22.76			7.1	7.2					8.2		186		18			145		21				4160					1480	1120	90.0	0.06				0.01	9.86	2	
3	22.35			7.2	7.2					8.0		178		13			155		18				3990					1580	1240	90.0	0.06				0.01	10.10	1	
4	22.06			7.3	7.1					8.4		164		21			173		26				4420					1370	1090	90.0	0.07				0.01	11.00	1	
5	25.78			7.2	7.1					7.4		212		18			189		26				4170					1400	1100	80.0	0.06				0.01	9.00	2	
6	26.62			7.2	7.2					7.4		170		20			201		26				4480					1480	1170	80.0	0.05			12.50	0.01	9.35	1	
7	25.95			7.2	7.3					7.5		160		18			156		20				4190					1440	1120	80.0	0.06				0.01	9.18	4	
8	27.68			7.1	7.2					8.0		192		21			148		22				3570					1220	960	80.0	0.07				0.01	9.30	1	
9	27.88			7.3	7.1					8.0		140		21			129		27				2380					1110	850	70.0	0.06		1.59		0.01	5.82	1	
10	53.14			7.3	7.1					10.0		210		26			156		26				3320					1190	910	70.0	0.06				0.01	5.38	1	
11	44.45			7.3	7.2					9.5		82		22			80		22				3000					860	720	80.0	0.09				0.01	4.36	1	
12	35.64			7.3	7.2					8.4		252		27			191		24				2100					1010	820	50.0	0.05				0.01	5.77	1	
13	35.12			7.5	7.2					7.9		260		23			216		28				2710					1000	750	60.0	0.06			10.00	0.01	7.11	1	
14	29.45			7.2	7.2					8.4		134		19			99		23				3380					1180	910	70.0	0.06				0.01	7.22	2	
15	27.92			7.2	7.3					8.6		240		20			110		20				3310					1230	970	80.0	0.07		1.42		0.01	7.00	3	
16	25.60			7.3	7.2					8.1		140		20			132		24				3400					1360	1090	80.0	0.06				0.01	7.34	1	
17	26.49			7.3	7.2					8.9		166		21			134		20				3020					1190	990	80.0	0.07				0.01	7.73	3	
18	25.12			7.2	7.1					8.4		166		18			140		22				3050					1510	1210	80.0	0.05				0.01	7.00	2	
19	24.99			7.3	7.2					7.9		174		22			158		40				3430					1430	1070	60.0	0.04				0.01	8.00	1	
20	23.58			7.4	7.2					7.9		152		21			172		38				3270					1410	1080	80.0	0.06				0.01	8.00	4	
21	22.34			7.3	7.3					7.1		182		22			180		27				3620					1730	1360	100.0	0.06			11.80	0.01	8.29	2	
22	22.61			7.4	7.2					8.0		192		19			143		27				3570					1690	1310	90.0	0.05		1.90		0.01	8.06	1	
23	22.05			7.4	7.2					7.6		172		17			161		24				3490					1830	1420	90.0	0.05				0.01	7.90	2	
24	20.71			7.3	7.2					8.0		166		20			149		42				3680					1830	1440	100.0	0.05				0.01	8.34	5	
25	19.72			7.4	7.2					8.0		208		16			197		20				4580					1920	1570	100.0	0.05				0.01	8.68	1	
26	20.98			7.2	7.0					7.1		742		15			189		18				4020					1800	1380	110.0	0.06				0.01	8.90	1	
27	21.15			7.2	7.4					7.2		234		17			231		26				3830					2440	1920	120.0	0.05			11.60	0.01	8.79	1	
28	23.11			7.1	7.0					7.9		186		16			159		21				3970					2200	1700	130.0	0.06				0.01	7.84	2	
29	31.55			7.3	7.0					9.9		334		20			210		27				4360					2530	1980	130.0	0.05				0.01	7.00	1	
30	31.85			7.3	7.2					10.2		75		11			93		15				4010					1960	1500	120.0	0.06				0.01	5.15	3	
31	29.74			7.3	7.2					9.5		234		13			209		15				3270					1770	1330	100.0	0.06				0.01	5.38	1	
Total	841.9	0	0																				0.0		0.0													
Avg.	27.16			7.3	7.2					8.2		202		19			159		25				3626.1					1541.94	1204.52	88.39	0		1.79	11.86	0.01	7.84	2	

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent _____ Operator Steve Patterson
 Residential Connections: _____
 Commercial Connections: _____ 258657 212482 217704 Cert. # 5879
 Industrial Connections: _____ Flow BOD TSS
 Sewer Connections X 4 = 0 Phone # 540-6042

NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: January 2008.00

Average Flow 27.16 MGD

Date	Weather Data		Rainfall	Remarks
	High	Low		
1			0.03	
2				Pumped from #3 Basin to MFWTP. Back flushed Grit pumps.
3				Pumped from #3 & #4 Basin to MFWTP. RAS #3 pump taken OOS.
4			0.06	Pumped from #4 Basin to MFWTP. #3 Clarifier cleaned out.
5			0.20	
6			0.02	Plant Power failure.
7				Pump Bld 3-2 circulating pump noisy - taken OOS.
8			0.56	Sludge Transfer Bld #2 blower reset.
9			0.87	#5 Clarifier taken OOS for maintenance.
10			0.66	#2 Bar Screen,#6 Clarifier, & 4A pump put in Service.
11				
12				
13			0.04	#2 Bar Screen,#6 Clarifier, & 4A pump taken OOS.
14			0.03	#2 Bar Screen, & 4A pump put in Service.
15				BiSulphite ORP sensor failed. Parts on order.
16			0.15	Plant Flow stopped aprox. 1/2 Hr for Electrical work in RAS Bld.
17				
18			0.02	Sludge Transfer Bld #2 blower reset.
19				Screen Rm Screw conveyor system OOS
20				Screen Rm. PLC communication failure. Corrected.
21			0.07	
22				Plant Aeration Blower #2 Temp Fault. Reset.
23				Effluent Auto Sampler not cycling correctly. Corrected.
24				Pumped from #3 Basin to MFWTP.
25				Pumped from #3 Basin to MFWTP.
26				Adjusted RAS Gates. #1 & #2 - 4000 Gal, #4 & #5 - 3000 Gal.
27				Influent & Effluent Auto samplers Re-Calibrated
28			0.20	Draining South Contact Basin
29			0.65	Flushed South Contact Basin. Power failure. Draining North Contact Basin
30			0.05	Flushed North Contact Basin.
31			0.42	Pump #4A taken OOS
Total			4.03	
Avg.			0.25	



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

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SLS Sewer Lift Station	MSD0133-PS	10212 CAVEN AVE	CAVEN AVE	MUD CREEK	GROUND

<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>
DISDW: DRY WEATHER DISCHARGE	736110	01/11/08 12:35 PM	ELDER	PATTERSON	R	01/11/08	STRUCTURAL FAILURE	DISCHARGE TO WATERS OF THE US	01/11/08 12:45 PM

Spot Inspections:

Discharge Amount:	5,000 GAL
Cause:	STRUCTURAL PIPE FAILURE
Clean Up:	AREA RAKED & DEBRIS HAULED, AREA SCRUBBED & SANITIZED
Control Zone:	TEMPORARY SIGNS POSTED AROUND AFFECTED AREA.
Impact:	DEBRIS, SOLIDS, PERSONAL HYGIENE PRODUCTS
Repair:	FAILED PIPE REPLACED WITH NEW

Notifications:

01/11/08 02:17 PM	Temporary signs around affected area. Knocked on doors to speak with neighbors, Placed door hangers on homes, 10212, 10210, 10208, 10206 Caven Ave.
01/11/08 12:59 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov