



MSD

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

September 26, 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
August 2008

Dear Ms. Prather:

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

West County WTP had a permit violation due to not taking the monthly hexavalent chromium sample.

Also, the 3 West County WTP bypass letters for the month of August is included 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 0808.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

September 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
August 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 August 2008. Additionally, the discharge spreadsheets for the West County WTP system is enclosed with this letter.

West County WTP had a permit violation due to not taking the monthly hexavalent chromium sample.

Also, the 3 West County WTP bypass letters for the month of August is included 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 0808.doc



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Name of Sewage Treatment Plant:

West County WTP

Jefferson

Month of:

August

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 (mg/L) #1	Dissolved Oxygen (mg/L) #2	MLSS (mg/L) X1000 #1	MLVSS (mg/L) X1000 #1	30 min. Settle.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform /100ml	
																																				Return
1	19.01			8.8	7.2				5.8		224		3				133		5		3290						1790	1380	150.0	0.08				0.01	2.40	1
2	18.46			7.3	7.0				6.2		198		6				148		4		3020						1850	1450	140.0	0.08				0.01	2.90	1
3	17.91			7.1	7.0				6.2		172		4				193		10		3090						2060	1570	150.0	0.07			4.80	0.01	3.50	1
4	18.19			7.2	7.1				6.2		174		4				181		6		3170						1920	1450	140.0	0.07			4.80	0.01	3.60	1
5	18.18			7.3	7.3				6.5		200		5				179		7		3180						2000	1550	150.0	0.08		1.92		0.01	2.50	3
6	17.35			7.1	7.0				6.1		248		5				196		5		3220						2070	1580	170.0	0.08				0.01	1.40	1
7	17.76			7.2	7.2				6.6		264		6				326		8		3380						2110	1590	160.0	0.08				0.01	2.70	4
8	16.96			7.1	7.2				6.4		228		6				182		5		3910						2180	1780	160.0	0.07				0.01	1.50	1
9	17.56			7.2	6.9				6.4		236		6				194		5		2990						1970	1480	160.0	0.08				0.01	1.70	4
10	16.63			7.2	6.9				6.0		206		3				209		6		3460						2140	1640	150.0	0.07			4.20	0.01	2.80	1
11	16.24			7.2	7.1				6.2		204		5				193		8		3470						2430	1760	150.0	0.06				0.01	4.80	1
12	16.71			7.2	7.1				6.2		198		7				195		6		3480						2420	1860	150.0	0.06		2.97		0.01	3.00	1
13	17.03			7.1	7.1				6.1		208		4				169		5		3400						1900	1430	150.0	0.08				0.01	2.60	3
14	17.06			7.1	7.1				6.8		200		6				183		4		3550						2000	1480	150.0	0.08				0.01	2.90	5
15	16.71			7.2	7.0				5.8		206		5				170		7		3070						2000	1490	150.0	0.08				0.01	2.30	18
16	16.19			7.2	7.0				6.1		190		4				182		7		3050						2200	1600	150.0	0.07				0.01	2.40	21
17	15.86			7.1	7.2				6.6		194		6				202		7		2990						2230	1680	150.0	0.07			4.50	0.01	2.90	3689
18	15.65			7.2	7.1				6.1		188		5				163		6		3240						2010	1540	150.0	0.07				0.01	3.20	8
19	16.15			7.3	7.0				5.3		182		15				181		29		2750						1770	1390	110.0	0.06		3.13		0.01	7.90	6
20	18.01			7.2	7.1				6.4		220		19				155		30		3665						1965	1565	125.0	0.06				0.01	10.00	900
21	16.74			7.1	6.1				6.3		180		6				214		6		4330						1840	1520	120.0	0.07				0.01	3.36	3
22	15.69			7.2	7.1				6.0		242		5				202		7		3910						2270	1680	100.0	0.04				0.01	5.20	2
23	15.64			7.3	7.0				6.8		220		5				204		8		3380						2270	1650	110.0	0.05				0.01	5.20	45
24	16.28			7.3	7.0				5.6		280		6				211		8		8810						1920	1520	100.0	0.05			6.70	0.01	5.30	2
25	16.65			7.1	7.1				5.7		182		5				146		6		3110						1800	1360	100.0	0.06				0.01	5.60	2
26	0.00			7.3	7.0				5.5		200		4				167		9		4640						1640	1290	100.0	0.06		2.41		0.01	5.30	1
27	17.03			7.5	7.1				6.1		182		5				186		6		2540						1650	1290	100.0	0.06				0.01	5.90	8
28	15.84			7.2	7.2				5.8		288		5				194		9		2900						1650	1290	100.0	0.06				0.01	5.30	14
29	16.26			7.2	7.2				6.4		214		6				215		9		2950						1650	1270	100.0	0.06				0.01	6.30	2
30	15.86			7.1	7.1				6.2		188		5				200		7		3040						2010	1520	110.0	0.05				0.01	3.90	2
31	15.79			7.0	7.0				6.0		208		4				206		7		3240						2480	1950	90.0	0.04			4.90	0.01	3.60	27
Total	503.4	0	0																	0.0		0.0														
Avg.	16.24			7.2	7.0				6.1		210		6				190		8		3491.1						2006.29	1535.65	132.10	0	2.61	4.98	0.01	3.93	5	

Total Number of Sewer Connections:

0

Industrial Waste Population Equivalent

Operator

Residential Connections:

Commercial Connections:

Industrial Connections:

Sewer Connections X 4 =

0

154654

Flow

151081

BOD

135306

TSS

Cert. #

Phone #

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

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

 KY0078956
PERMIT NUMBER

 001 2
DISCHARGE NUMBER

MAJOR

(SUBR LV)

F - FINAL

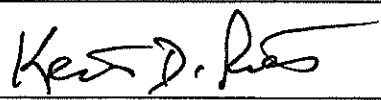
JEFFE

MUNICIPAL WASTEWATER

EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)		*****	*****		5.3	*****	*****	(19)		0 %	GR
00300 1 0 0		*****	*****	***	2	*****	*****			DAILY GRAB	
EFFLUENT GROSS VALUE		*****	*****	****	INST MIN			MG/L			
BOD, 5-DAY (20 DEG. C)		26350	28367	(26)	*****	190	194	(19)		0 %	CP
00310 0 0 0		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)		1120	1765	(26)	*****	8.1	13.1	(19)		0 %	CP
00310 1 0 0		7506	11259		*****	30	45			DAILY COMPOS	
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
PH		*****	*****		6.1	*****	7.3	(12)		0 %	GR
00400 1 0 0		*****	*****	***	6.0	*****	9.0			DAILY GRAB	
EFFLUENT GROSS VALUE		*****	*****	****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED		29196	31137	(26)	*****	210	225	(19)		0 %	CP
00530 0 0 0		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		798	1151	(26)	*****	6	9	(19)		0 %	CP
00530 1 0 0		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)		2562	2700	(26)	*****	18.5	19.7	(19)		0 %	CP
00610 0 0 0		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		
TYPED OR PRINTED							562-540-6000	08	09	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 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

MUNICIPAL WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

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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	541	739	(26)	*****	3.9	5.4	(19)	Ø	%01	CP
	PERMIT REQUIREMENT	5004 MO AVG	7506 MX WK AV	LB/DY	*****	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, NITRA TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	687	910	(26)	*****	5.0	6.7	(19)	Ø	%07	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LB/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	362	422	(26)	*****	2.6	3.1	(19)	Ø	%07	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LB/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	17.5	20.0	(03)	*****	*****	*****		Ø	CN	CN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	16.7	19.0	(03)	*****	*****	*****		Ø	CN	CN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	40.010	(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	*****	*****		*****	5	41	(13)	Ø	%01	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30 DA GED	400 #/ 7 DA GED	1 GOML		DAILY	GRAB
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. Scharlein Exec. Director TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Kev D. Roe		582 540-6200 AREA CODE NUMBER		08 09 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)

NAME MSD WEST COUNTY STP
ADDRESS C/O CEDAR CREEK STP
B409 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

JEFFE

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

FROM

TO

MUNICIPAL WASTEWATER
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			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		96	*****	*****	(23)	0	0/31	CA
B1010 M O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85 NO AVG	*****	*****	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		97	*****	*****	(23)	0	0/31	CA
B1011 M O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85 NO MIN	*****	*****	PER-CENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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			582.540-6000	08	09	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.

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

NAME MSD WEST COUNTY STP
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LOUISVILLE KY 40211
FACILITY MSD WEST COUNTY STP
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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	YEAR	MO	DAY
08	08	01	08	08	31

FROM

TO

REASONABLE POTENTIAL
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			
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****			(19)		01/31	CP
01032 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										
	PERMIT REQUIREMENT										
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	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. Scharlein Exec. Director			502 540-6000	08	09	25	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Monthly Hexavalent Chromium Sample was not taken.



MSD

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

August 25, 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 KY 0078956

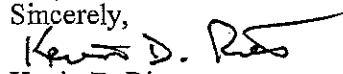
Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 AM on August 21, 2008, referencing Work Order 817920 as a Plant Bypass. 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: The cause of the loss of plant effluent disinfection was due to shutting down our disinfection process in order to stop a sodium hypochlorite leak. An estimated amount of 902,778 gallons of plant effluent occurred without disinfection due to stopping disinfection process to troubleshoot cause of sodium hypochlorite leak and the time to properly establish a disinfection backup system.
- Period of noncompliance: Starting 09:00 AM on August 20, 2008 and stopping 10:40 AM on August 20, 2008.
- Steps taken or planned to reduce, eliminate and prevent recurrence: We established plant chlorination feed by bypassing the underground location of pipe that we suspected to be leaking.

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 D. Ries
Process Supervisor-Operations

cc: Gary Levy, KDEP
Sean Ireland, EPA

eB File
Paula Purifoy, MSD





MSD

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

August 25, 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 KY 0078956

Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 PM on August 21, 2008, referencing Work Order 818054 as a Plant Bypass. 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: The cause of the loss of plant effluent disinfection was due to shutting down our backup disinfection process to prevent a sodium hypochlorite spill. The sodium hypochlorite was causing the hose fittings on our backup disinfection process to corrode. An estimated amount of 520,833 gallons of plant effluent occurred without disinfection due to this problem with our backup disinfection feed system. We found the cause of the sodium hypochlorite spill was due to a faulty pressure relief valve.
- Period of noncompliance: Starting 07:15 AM on August 21, 2008 and stopping 08:30 AM on August 21, 2008.
- Steps taken or planned to reduce, eliminate and prevent recurrence: We established plant chlorination feed by valving in an existing chemical feed pump.

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 D. Ries
Process Supervisor-Operations

cc: Gary Levy, KDEP
Sean Ireland, EPA

eB File
Paula Purifoy, MSD





MSD

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

August 25, 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 KY 0078956

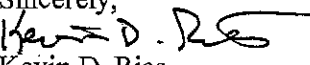
Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 PM on August 20, 2008, referencing Work Order 817918 as a Plant Bypass. 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: The cause of the aeration blower failure is due to the blower tripped on overload. An estimated amount of 3,791,667 gallons of plant effluent occurred during our Secondary aeration blower shut down. We are unable to pin point an exact time of the blower shut down due to an alarm system failure. I feel this is a very conservative estimate due to the last time that an operator physically checked the blower operation was 15 minutes prior to our estimated noncompliance start time, and also due the fact that Secondary process degradation is not an instantaneous action with an aeration blower failure.
- Period of noncompliance: Starting 12:15 AM on August 20, 2008 and stopping 07:15 AM on August 20, 2008.
- Steps taken or planned to reduce, eliminate and prevent recurrence: We have set up alarm notification to supervisory personnel if plant blowers stop.

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 D. Ries
Process Supervisor-Operations.

cc: Gary Levy, KDEP

eB File

