



MSD

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

June 23, 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
May 2008

Dear Ms. Thurman:

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

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 0508.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
www.msdlouky.org*

June 23, 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
May 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 May 2008. Additionally, the discharge spreadsheets for the West County WTP system is enclosed.

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 0508.doc



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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 SMH Sewer Manhole	Facility ID 92098	Facility Address 7801 EDSEL LN	If Pump Station, Name of Pump Station:	Receiving Stream FERN CREEK
				Discharge to GROUND

<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>
DISREV: RAIN EVENT DISCHARGE	780144	05/16/08 01:00 AM	SINGLETON	LAMBDIN JR	DOCUMENTED	05/16/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	05/16/08 03:24 AM

Spot Inspections:

Discharge Amount:	3,600 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO STORM EVENT
Clean Up:	DEBRIS RAKED, BAGGED & HAULED AWAY
Control Zone:	TEMPORARY SIGNS PLACED AROUND IMPACTED AREA
Impact:	SEWAGE OBSERVED AT SITE
Repair:	SITE FOUND DURING RAIN EVENT RECON - WILL BE MONITORED AND EVALUATED FOR REPAIR

Notifications:

05/16/08 01:00 AM	Temporary signs placed around impacted area
05/16/08 12:58 AM	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

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 MSD0130-PS	Facility Address 6102 COOPER CHAPEL RD	If Pump Station, Name of Pump Station: COOPER CHAPEL	Receiving Stream FISHPOOL 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 Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>
DISREV: RAIN EVENT DISCHARGE	780098	05/15/08 05:00 PM	MARKS JR	MITCHELL	DOCUMENTED	08/30/05	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	05/15/08 07:33 PM

Spot Inspections:

Discharge Amount:	3,825 GAL
Cause:	RAIN EVENT CAUSED LACK OF SYSTEM CAPACITY
Clean Up:	PIPE SUBMERGED - NO CLEAN UP
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	NO IMPACT OBSERVED
Repair:	SITE FOUND DURING RAIN RECON WILL BE MONITORED FOR REPAIR

Notifications:

05/15/08 12:58 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/02/08 01:14 PM	TEMPORARY SIGNS POSTED NEAR OVERFLOW



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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0078956 (Cont'd)	MSD0277	WEST COUNTY	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SLS Sewer Lift Station	MSD0180-PS	7201 OUTER LOOP	GOVERNMENT CENTER	PENNSYLVANIA RUN	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>
DISREV: RAIN EVENT DISCHARGE	780172	05/15/08 11:25 PM	SINGLETON	LAMBDIN JR	DOCUMENTED	12/16/00	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	05/16/08 03:40 AM

Spot Inspections:

Discharge Amount:	12,750 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO STORM EVENT IN AREA
Clean Up:	DEBRIS RAKED, BAGGED & HAULED OFF
Control Zone:	TEMPORARY SIGNS PLACED AROUND IMPACTED AREA
Impact:	DEBRIS OBSERVED
Repair:	A SOLUTION FOR THIS LOCATION WILL BE INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN TO BE SUBMITTED BY DECEMBER 31, 2008

Notifications:

05/15/08 11:25 PM	Temporary signs placed around impacted area
05/16/08 12:58 AM	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

KPDES # KY0078956 (Cont'd)	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 MSD1010-PS	Facility Address 5007 LEA ANN WAY	If Pump Station, Name of Pump Station: LEA ANN WAY	Receiving Stream NORTHERN DITCH	Discharge to STREAM
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<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 780199	<u>Initiated</u> 05/16/08 12:30 AM	<u>Initiated By</u> SINGLETON	<u>Assigned To</u> RIES	<u>Disch Status</u> DOCUMENTED	<u>Event Date</u> 12/15/07	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Result</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 05/16/08 05:00 AM
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Spot Inspections:

Discharge Amount:	297,000 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO STORM EVENT
Clean Up:	NO CLEANUP- PUMPED DIRECTLY TO CREEK TO PREVENT SEWER BACKUPS
Control Zone:	TEMPORARY SIGNS PLACED AROUND THE IMPACTED AREA
Impact:	SEWAGE, SOLIDS AND DEBRIS NOTICED AT IMPACTED AREA
Repair:	HAULED TO REDUCE AND PREVENT FURTHER DISCHARGE SAP WO#5187883

Notifications:

05/16/08 12:58 AM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/02/08 01:16 PM	TEMPORARY SIGNS PLACED AROUND THE IMPACTED AREA



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

KPDES # KY0078956 (Cont'd)	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 MSD1013-PS	Facility Address 9114 CINDERELLA LN	If Pump Station, Name of Pump Station: CINDERELLA	Receiving Stream FISHPOOL CREEK	Discharge to DITCH
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<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 780104	<u>Initiated</u> 05/15/08 09:08 PM	<u>Initiated By</u> MARKS JR	<u>Assigned To</u> MITCHELL	<u>Disch Status</u> DOCUMENTED	<u>Event Date</u> 11/29/01	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Result</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 05/16/08 10:00 AM
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Spot Inspections:

Discharge Amount:	38,600 GAL
Cause:	RAIN EVENT CAUSED LACK OF SYSTEM CAPACITY
Clean Up:	MSD CLEANED AND SANITIZED THE IMPACTED AREA.
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	DEBRIS, PERSONAL HYGIENE PRODUCTS & SEWAGE OBSERVED.
Repair:	HAULING TO PREVENT FURTHER DISCHARGE WORKORDER # 780103

Notifications:

05/15/08 12:58 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
05/15/08 09:08 PM	Temporary signs posted around the impacted area



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

KPDES # KY0078956 (Cont'd)	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
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<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 778873	<u>Initiated</u> 05/12/08 07:30 AM	<u>Initiated By</u> SINGLETON	<u>Assigned To</u> WHITTAKER SR	<u>Disch Status</u> DOCUMENTED	<u>Event Date</u> 12/16/00	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Result</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 05/12/08 09:45 AM
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Spot Inspections:

Discharge Amount:	270 GAL
Cause:	STORM FLOW/ LACK OF SYSTEM CAPACITY
Clean Up:	NO DEBRIS- JUST WATER; NO CLEAN UP REQUIRED
Control Zone:	TEMPORARY SIGNS PLACED AROUND THE IMPACTED AREA
Impact:	SEWAGE DISCHARGING, NO SOLIDS OR DEBRIS OBSERVED
Repair:	THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN TO BE SUBMITTED BY 12/31/08

Notifications:

05/12/08 07:30 AM	Temporary signs placed around impacted area
05/12/08 12:58 AM	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

KPDES # KY0078956 (Cont'd) **Facility ID** MSD0277 **Treatment Plant Name** WEST COUNTY **Receiving Stream of Treatment Plant** OHIO RIVER **Region** WEST

<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>
DISREV: RAIN EVENT DISCHARGE	780168	05/15/08 09:00 PM	SINGLETON	PORTER JR	DOCUMENTED	12/16/00	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	05/16/08 04:00 PM

Spot Inspections:

Discharge Amount:	10,560 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT
Clean Up:	NO CLEANUP- NO DEBRIS
Control Zone:	TEMPORARY SIGNS PLACED
Impact:	NO IMPACT OBSERVED
Repair:	SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED & EVALUATED FOR REPAIR

Notifications:

05/16/08 12:58 AM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
05/15/08 09:00 PM	Temporary signs placed

IAME 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

KY0073952
PERMIT NUMBER

0012
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER EFFLUENT
*** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	31

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			
DOXYGEN, DISSOLVED (DO)		*****	*****		2.2	*****	*****	(19)		1/01	CR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)		36378	45280	(26)	*****	145	163	(19)		1/01	CP
00310 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C)		3249	4604	(26)	*****	12.1	14.0	(19)		1/01	CP
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MO AVG	11257 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
PH		*****	*****		7.1	*****	7.5	(12)		1/01	CR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	5U		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED		49641	76119	(26)	*****	193	243	(19)		1/01	CP
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED		1822	2539	(26)	*****	6.0	7.0	(19)		1/01	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MO AVG	11257 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		2689	2956	(26)	*****	11.4	14.1	(19)		1/01	CP
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Scharslein Exec. Director	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 502/546-6000	DATE			
			AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Ke. = D. Scharslein					

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

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

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
AME MSD WEST COUNTY STP
DDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
ACILITY 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
MUNICIPAL WASTEWATER EFFLUENT
*** NO DISCHARGE ***

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

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)	1179	1375	(26)	*****	4.6	6.4	(19)	0	1/01	CP	
PERMIT REQUIREMENT	5004	7506		*****	20	30			DAILY	COMPOS	
EFFLUENT GROSS VALUE	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L				
NITROGEN, NITRATE TOTAL (AS N)	1478	1685	(26)	*****	6.3	7.4	(19)	0	1/02	CP	
PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS	
EFFLUENT GROSS VALUE	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L				
PHOSPHORUS, TOTAL (AS P)	215	251	(26)	*****	0.91	1.2	(19)	0	1/02	CP	
PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			WEEKLY	COMPOS	
EFFLUENT GROSS VALUE	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT (RAW SEW/INFLUENT)	31.0	67.6	(03)	*****	*****	*****	*****	0	CN	CN	
PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		CONT INCONTIN	UBUS	
EFFLUENT GROSS VALUE	MO AVG	DAILY MX	MGD		*****	*****	*****				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	31.7	72.4	(03)	*****	*****	*****	*****	0	CN	CN	
PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		CONT INCONTIN	UBUS	
EFFLUENT GROSS VALUE	MO AVG	DAILY MX	MGD		*****	*****	*****				
CHLORINE, TOTAL RESIDUAL	*****	*****		*****	*****	*****	(19)	0	1/01	GR	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0.019		DAILY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****		*****	*****	DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	*****	*****		*****	2	4	(13)	0	1/01	GR	
PERMIT REQUIREMENT	*****	*****	*****	*****	200	400 #/			DAILY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****		30DA GED	7 DA GED	100ML				

NAME/TITLE H.J. Scharlein 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 Ken = D. Scharlein	TELEPHONE		DATE		
			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.

NAME HSD WEST COUNTY STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY HSD 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

SEPT 8

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	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		*****	*****		92	*****	*****	(23)		01/31	CA
31010 K O O PERCENT REMOVAL		*****	*****	****	85	*****	*****	PER-		ONCE/	CALCUL
SOLIDS, SUSPENDED PERCENT REMOVAL		*****	*****		97	*****	*****	(23)		01/31	CA
31011 K O O PERCENT REMOVAL		*****	*****	****	85	*****	*****	PER-		ONCE/	CALCUL
					MO MIN			CENT		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. Sehardin 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>Ke. T. D. [Signature]</i>	TELEPHONE	DATE			
			512 1546-6000	08	06	23	
			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)

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

KY0078956
PERMIT NUMBER

001 R
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL JEFFL


MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	31

REASONABLE POTENTIAL
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			
CHROMIUM, HEXAVALENT (AS CR)		*****	*****		*****	<0.010	<0.010	(19)		01/31	CP
1002 1 0 0		*****	*****	****	*****	REPORT	REPORT			ONCE/	COMPLS
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. Schroden Exec. Director	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		
			502 546-6600	08 06 23	AREA CODE	NUMBER	YEAR

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

Name of Sewage Treatment Plant: West County WTP Jefferson County Month of: May 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 Gal/Day	MLSS mg/L X 1000	Gal/Day X 1000	Oxygen (mg/L) #1	Dissolved Oxygen (mg/L) #2	MLSS (mg/L) X 1000 #1&2	MLVSS (mg/L) X 1000 #1&2	30 min. Setts.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col./100ml	
1	19.24			7.4	7.3				6.3		188		8				158		9		3600					2050	1500	150.0	0.07				0.01	4.70	1	
2	35.63			7.5	7.3				5.9		210		10				165		15		3270					2150	1640	150.0	0.07				0.01	4.90	4	
3	60.93			7.4	7.2				5.8		154		10				79		10		4920					1310	990	110.0	0.08				0.01	2.50	1	
4	34.65			7.2	7.3				5.8		128		7				140		14		4500					1310	990	100.0	0.08				0.01	5.30	1	
5	33.56			7.3	7.2				7.4		108		4				124		9		2240					960	760	90.0	0.09		6.70		0.01	5.30	22	
6	25.57			7.0	7.2				6.4		182		4				125		7		3560					1680	1270	140.0	0.08		0.87		0.01	4.80	1	
7	26.18			7.4	7.1				7.0		152		5				128		8		3730					1600	1180	120.0	0.08				0.01	5.30	1	
8	42.95			7.5	7.3				6.4		131		7				98		12		3420					1490	1120	120.0	0.08				0.01	4.40	1	
9	34.58			7.4	7.2				6.3		133		4				100		7		3640					1350	990	100.0	0.07				0.01	3.60	1	
10	30.53			7.4	7.4				6.3		182		5				110		7		3310					1380	1060	100.0	0.07				0.01	4.60	3	
11	41.87			7.3	7.2				6.2		69		10				66		17		2400					1280	950	100.0	0.08				0.01	4.90	48	
12	34.25			7.2	7.1				6.4		310		7				274		13		2120					1020	810	80.0	0.08		5.90		0.01	4.30	1	
13	29.53			7.3	7.4				6.8		194		7				155		14		2130					1050	820	180.0	0.17		0.82		0.01	5.00	1	
14	41.87			7.4	7.2				6.2		186		9				140		15		2670					1010	800	80.0	0.08		0.86		0.01	4.80	1	
15	56.47			7.3	7.4				6.8		366		10				229		20		2980					1480	1070	100.0	0.07				0.01	4.00	2	
16	72.44			7.5	7.2				6.5		93		9				66		11		4160					1050	800	60.0	0.06				0.01	2.40	1	
17	39.10			7.4	7.5				5.9		93		6				83		8		3350					1350	980	100.0	0.07				0.01	3.60	1	
18	33.51			7.4	7.4				5.9		128		6				103		12		2770					1440	1050	90.0	0.06		5.00		0.01	3.50	1	
19	30.16			7.4	7.4				6.2		158		5				113		10		3250					1490	1110	100.0	0.07				0.01	4.60	1	
20	29.39			7.6	7.2				5.5		484		6				133		15		3750					1340	980	90.0	0.07				0.01	6.40	1	
21	25.38			7.2	7.3				5.5		378		6				248		19		4630					2890	2120	120.0	0.04		0.83		0.01	5.90	1	
22	23.60			7.4	7.3				5.5		194		5				149		13		5120					2150	1620	190.0	0.09				0.01	5.20	13	
23	21.89			7.3	7.4				8.0		180		7				178		16		4550					2110	1810	150.0	0.07				0.01	5.20	1	
24	21.31			7.4	7.2				5.2		186		9				157		15		4200					2100	1590	170.0	0.08				0.01	5.00	1	
25	20.72			7.2	7.1				3.6		174		6				167		15		4290					2210	1620	170.0	0.08				0.01	4.90	8	
26	20.90			7.3	7.2				5.8		185		6				173		16		3930					2190	1630	170.0	0.08		7.40		0.01	5.60	8	
27	21.34			6.9	7.2				2.8		238		5				185		12		3750					2100	1610	150.0	0.07		1.17		0.01	5.50	5	
28	21.44			7.3	7.2				2.2		136		4				134		11		4120					2520	1940	160.0	0.06				0.01	4.50	2	
29	19.92			7.4	7.4				8.0		202		4				176		11		4220					1960	1490	160.0	0.08				0.01	3.50	5	
30	19.71			7.2	7.3				7.5		245		3				170		7		3940					2330	1820	170.0	0.07				0.01	3.00	7	
31	19.88			7.3	7.3				7.0		224		3				179		7		3540					1980	1530	170.0	0.09				0.01	5.70	4	
Total	988.6	0	0																	0.0		0.0														
Avg.	31.89			7.3	7.3				6.1		193		6				145		12		3615.5						1689.35	1272.58	127.10	0		0.91	6.25	0.01	4.61	2

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent _____ Operator DJ Rheinlaender
 Residential Connections: _____ Commercial Connections: 303717 Flow _____ 227357 BOD _____ 244802 TSS _____ Cert. # 16499
 Industrial Connections: _____ Sewer Connections X 4 = 0 Phone # (502) 540-6042