



MSD

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

December 22, 2008

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

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

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the West County Wastewater Treatment Plant, for the month of November 2008.

During the month of November we did not meet our requirement for Dissolved Oxygen limit. The cause of this was the Effluent D.O meter needed to be calibrated. The following day we was back in compliance.

Also included is a discharge report.

If you have any questions concerning the attached DMR's, please contact me at (502)540-6031.

Sincerely,

John Kessel
Process Supervisor, West Region

JMK/West County 1108.doc

Enclosures

cc: C. Roth
T. Singleton
R. Shaw



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

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 2
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	11	01	08	11	30

FROM TO

*** 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			
OXYGEN, DISSOLVED (DO)		*****	*****		1	*****	*****	(19)	1	%	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	2 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)		28,432	30,742	(26)	*****	198	208	(19)	0	%	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)		2446	3214	(26)	*****	17	21	(19)	0	%	CP
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
PH		*****	*****		6.9	*****	7.2	(12)	0	%	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	EU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED		32,716	35,063	(26)	*****	228	256	(19)	0	%	CP
00500 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		2019	2621	(26)	*****	14	17	(19)	0	%	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		2988	3104	(26)	*****	21	22	(19)	0	%	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	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			
Succ Dir H. J. Schanden Jr TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	538	546-6460	08
		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.

D.O. Exceedance, please see attached cover letter

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ATTN: DENNIS THOMASSON, SR METRO OPS

0012
DISCHARGE NUMBER

0012
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER EFFLUENT
*** NO DISCHARGE 1/11/08 ***
NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	11	01		08	11	30

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	SAMPLE MEASUREMENT	788	1156	(26)	*****	6	8	(15)	0	%	CP
	PERMIT REQUIREMENT	5004 MD AVG	7506 MX WK AV	LBS/DY	*****	20 MD AVG	30 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, NITRATE TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1176	1330	(26)	*****	8	10	(15)	0	%	CP
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	322	378	(26)	*****	2.2	2.8	(15)	0	%	CP
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/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	SAMPLE MEASUREMENT	19.1	25.5	(03)	*****	*****	*****		0	DN	DN
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	17.3	25.1	(03)	*****	*****	*****		0	DN	DN
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.010	(15)	0	%	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		DAILY	FRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(15)	0	%	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	100ML		DAILY	FRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H. T. Schaefer, Jr.
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
TELEPHONE NUMBER 502 546-6400
DATE 08 10 22
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.

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KY0078956
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	11	01		00	11	01

MUNICIPAL WASTEWATER EFFLUENT


*** NO DISCHARGE [] ***

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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	*****	*****		91%	*****	*****	(23)	0	01/30	CA
61010 M O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	B5 MO AVG	*****	*****	PER-CENT		ONCE/MONTH	CALCUL
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		94%	*****	*****	(23)	0	01/30	CA
61011 M O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	B5 MO MIN	*****	*****	PER-CENT		ONCE/MONTH	CALCUL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT		RTAS								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT		RTAS								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 EXT Dir
 H.J. Schardin Jr
 TYPED OR PRINTED

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TELEPHONE 502 546-6400
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

KY0078956
 PERMIT NUMBER

001 R
 DISCHARGE NUMBER

MAJOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	11	01		08	11	30

REASONABLE POTENTIAL
 EFFLUENT

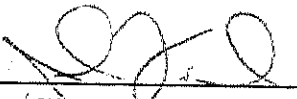
*** NO DISCHARGE 1 1 ***

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.010	<0.010	(14)	0	01/30	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT		25.5								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT		25.1								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TELEPHONE
 502 540-6400
 DATE
 08 12 22
 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: November 2008
 KPDES Permit Number: KY0078956 Plant Capacity: 30 MGD Receiving Stream: Ohio River

Date	Total Flow (MG)	Raw Sewage		pH		Settleable Solids (mg/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	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	15.95			7.2	6.9				6.0		248	6				213	9		2900						1630	1340	90.0	0.06							
2	16.07			7.4	7.2				7.2		146	10				195	11		3300						1610	1260	90.0	0.06			6.00	0.01	4.50	1	
3	15.72			7.3	7.0				4.0		240	9				203	13		3350						2040	1690	100.0	0.05				0.01	4.60	1	
4	15.84			7.0	7.0				4.0		226	8				206	18		3240						1870	1550	110.0	0.06	2.78			0.01	5.20	1	
5	15.53			7.4	7.0				6.3		236	14				124	8		3290						1760	1370	100.0	0.06				0.01	3.50	1	
6	15.78			7.4	7.1				6.3		226	11				215	11		3510						1970	1580	90.0	0.05				0.01	3.10	1	
7	16.50			7.4	7.1				5.0		318	17				185	18		3940						1790	1410	100.0	0.06				0.01	4.30	1	
8	16.03			7.2	6.9				6.5		232	22				242	25		2450						1340	1130	60.0	0.04				0.01	5.60	1	
9	16.10			7.3	7.0				6.8		216	26				217	32		3330						2040	1560	100.0	0.05			6.40	0.01	6.40	1	
10	15.59			7.3	7.0				3.4		218	15				200	18		3920						1830	1460	100.0	0.05				0.01	4.90	1	
11	16.18			7.4	6.9				1.0		272	15				197	19		3940						1890	1490	100.0	0.05	2.80			0.01	5.10	1	
12	15.76			9.0	6.9				6.0		462	10				207	12		3990						2140	1740	90.0	0.04				0.01	4.40	2	
13	18.75			7.3	7.0				7.0		290	9				218	10		4660						2290	1770	110.0	0.05				0.01	2.50	1	
14	16.81			7.3	6.9				6.0		102	6				124	22		4540						2710	2000	110.0	0.04				0.01	2.70	1	
15	25.11			7.3	6.9				6.0		282	15				216	12		5100						1920	1460	100.0	0.05				0.01	3.80	1	
16	21.93			7.3	7.0				7.0		198	12				188	14		8240						2600	2060	110.0	0.04			5.20	0.01	3.50	1	
17	20.10			7.4	7.0				4.0		184	11				160	12		4250						1980	1520	100.0	0.05				0.01	3.60	1	
18	18.27			7.4	7.1				3.0		196	11				167	11		4170						1720	1360	80.0	0.05	2.00			0.01	4.10	1	
19	16.72			7.3	6.9				6.0		122	10				127	10		4080						2100	1670	80.0	0.04				0.01	3.80	1	
20	16.71			7.4	7.0				4.9		208	7				170	9		4100						1890	1420	90.0	0.05				0.01	4.10	1	
21	15.62			7.4	7.0				8.5		264	10				233	10		3200						1950	1530	80.0	0.04				0.01	4.00	1	
22	15.44			7.4	7.0				7.1		210	12				198	12		3090						1500	1140	60.0	0.04				0.01	6.00	1	
23	15.95			7.5	7.2				6.8		278	21				225	27		2730						1370	1110	60.0	0.04				0.01	7.60	1	
24	21.72			7.3	7.1				5.7		224	28				175	26		2820						1330	1070	70.0	0.05			10.00	0.01	7.00	1	
25	20.63			7.4	7.1				6.0		129	10				129	13		2830						1140	910	70.0	0.06	1.39			0.01	4.60	1	
26	17.57			7.3	7.0				6.0		218	18				194	23		2460						1100	890	70.0	0.06				0.01	8.50	1	
27	18.67			7.2	7.1				5.0		208	18				317	33		2390						1370	1130	50.0	0.04				0.01	9.40	1	
28	15.24			7.4	7.1				3.7		214	14				221	15		2290						1070	900	70.0	0.07				0.01	11.00	1	
29	16.30			7.4	7.1				4.9		229	19				222	18		2420						1480	1210	70.0	0.05				0.01	12.00	1	
30	16.55			7.4	7.2				6.0		220	23				235	38		1850						1090	1000	70.0	0.06			14.00	0.01	12.00	1	
31																																			
Total	519.1	0	0																0.0		0.0														
Avg.	17.30			7.4	7.0				5.5		228	14				198	17		3546.0						1750.00	1390.33	86.00	0	2.24	8.32	0.01	5.51	1		

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

Industrial Waste Population Equivalent
164806 Flow 167752 BOD 155508 TSS

Operator: John Kessel
 Cert. #: 15248
 Phone #: (502) 540-6031



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 100608	Facility Address 6221 JOHNSONTOWN RD	If Pump Station, Name of Pump Station:	Receiving Stream MILL CREEK	Discharge to DITCH					
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 843355	<u>Initiated</u> 11/12/08 07:32 PM	<u>Initiated By</u> KIMBROUGH	<u>Assigned To</u> KIMBROUGH	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 11/12/08	<u>Problem</u> GREASE BLOCKAGE	<u>Result</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 11/12/08 09:43 PM	<u>Condition</u>

Spot Inspections:

Discharge Amount: 75 GAL
Cause: GREASE BLOCKAGE IN THE SEWER
Clean Up: MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone: PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA
Impact: SEWAGE/WATER DISCHARGING FROM MANHOLE
Repair: WORK ORDERS 843357 & 843449 - FLUSHED THE MAIN SEWER

Notifications:

11/12/08 08:19 PM DIS PUB ADVISED CUSTOMER ON SITE
11/12/08 01:00 PM DIS NOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov