



MSD

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

February 21, 2007

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 2007

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) for the West County Wastewater Treatment Plant, for the month of January 2007. 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 1206.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*

February 23, 2007

Ms. Kathy Thurman
Division of Water, KPDES Branch
14 Reilly Road, Frankfort Office Park
Frankfort, Kentucky 40601

Subject: Signature Authority for Discharge Monitoring Reports (DMRs)

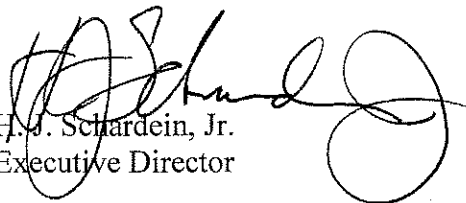
Dear Ms. Thurman:

This letter is to clarify the individuals authorized to sign the Discharge Monitoring Reports for wastewater treatment plants owned and operated by the Metropolitan Sewer District (MSD). The following individuals will be authorized to sign as my signatory in the future for Discharge Monitoring Reports.

- Alex Novak
- Dennis Thomasson
- Eric Brady
- Kevin Ries
- Jim Porter
- John Kessel
- Rich Galardi
- Robert Bates

Please contact me at 502-540-6346 if you have questions or need additional information.

Sincerely,


H.J. Schardein, Jr.
Executive Director

HJS/egb

cc: Mr. Courtney Seitz, Inventory and Data Management Section, KPDES Branch



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*Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
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February 21, 2007

Mr. Michael Mudd
Kentucky Division of Water
9116 Leesgate Rd.
Louisville, Kentucky 40222

RE: West County Treatment Plant, KPDES No: KY0078956
Discharge Monitoring Report
January 2007

Dear Mr. Mudd:

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 2007. 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 1206.doc



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

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

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

NAME HSD WEST COUNTY STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALBONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY HSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

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

MUNICIPAL WASTEWATER
EFFLUENT

*** 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)		*****	*****		6.5	*****	*****	(19)	Ø	Daily	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		DAILY	GRAB
MOD. 5-DAY (20 DEG. C)		43023	60186	(26)	*****	158.5	215	(19)	Ø	Daily	Comp.
00310 5 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	*****	REPORT	REPORT	REPORT	MG/L		DAILY	COMPOS
MOD. 5-DAY (20 DEG. C)		3418	3841	(26)	*****	12.2	13.6	(19)	Ø	Daily	Comp.
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506	11239	*****	30	45	*****	MG/L		DAILY	COMPOS
PH		*****	*****		6.9	*****	7.5	(12)	Ø	Daily	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	7.0	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED		48155	64349	(26)	*****	180.5	242	(19)	Ø	Daily	Comp.
00530 4 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	*****	REPORT	REPORT	REPORT	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED		2039	2695	(26)	*****	7.0	7.9	(19)	Ø	Daily	Comp.
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506	11239	*****	30	45	*****	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		2861	3100	(26)	*****	11.2	13.1	(19)	Ø	Daily	Comp.
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	*****	REPORT	REPORT	REPORT	MG/L		DAILY	COMPOS

NAME/TITLE 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. [Signature]	TELEPHONE		DATE		
			502-540-6000	7	2	19	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MD AVG FOR SDG/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 LOUISVILLE/JEFF CO MSD
4322 ALGONGUIN PKWY

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL

JEFFE

FACILITY LOUISVILLE KY 40211-2477

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
07	01	01	07	01	31

LOCATION MSD WEST COUNTY STP LOUISVILLE KY 40272

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			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1263	1563	(26)	*****	4.78	5.72	(19)	Ø	Daily	Comp.
	PERMIT REQUIREMENT	5004 MG AVG	7503 MX WK AV	LBS/DY	*****	20 MG AVG	30 MX WK AV	MG/L		DAILY	COMPLS
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1984	2568	(26)	*****	7.11	9.33	(19)	Ø	Week	Comp.
	PERMIT REQUIREMENT	REPORT MG AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MG AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPLS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	289.4	327.6	(26)	*****	1.13	1.29	(19)	Ø	Week	Comp.
	PERMIT REQUIREMENT	REPORT MG AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MG AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPLS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	33.39	69.81	(03)	*****	*****	*****		Ø	C/N	C/N
	PERMIT REQUIREMENT	REPORT MG AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	32.83	71.77	(03)	*****	*****	*****		Ø	C/N	C/N
	PERMIT REQUIREMENT	REPORT MG AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTINUOUS	CONTINUOUS
CHLORINE, TOYAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.010	(19)	Ø	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	2	(13)	Ø	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	200 3000 GGD	400 #/ 7 DA GGD	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: *Kenneth D. Pies*
TELEPHONE: 502-540-6000
DATE: 7 2 19
AREA CODE: 502 NUMBER: 540-6000 YEAR: 7 MO: 2 DAY: 19

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

NAME MSD WEST COUNTY STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4822 ALGONQUIN Pkwy
LOUISVILLE KY 40211-2497
FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272

KY0078954
PERMIT NUMBER

001 2
DISCHARGE NUMBER

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

FROM

TO

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	*****	*****		91	*****	*****	(23)		1/31	Calc.
BOD 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	85 NO AVG	*****	*****	PER-CENT		ONCE/MONTH	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		90	*****	*****	(23)		1/31	Calc.
SOLIDS 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	85 NO MIN	*****	*****	PER-CENT		ONCE/MONTH	CALC'D
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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	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		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Ken D. P...</i>	AREA CODE 502	NUMBER 540-6000	YEAR 7	MO 2

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE NO AVG FOR BOD/SS REMV REPT IN MINIMUM COLUMN.

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

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

NAME MSD WEST COUNTY STP
ADDRESS C/D LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PARKY

KY007B756
PERMIT NUMBER

001 R
DISCHARGE NUMBER

FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40211-2497

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

REASONABLE POTENTIAL
EFFLUENT

*** 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			
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	0.010	0.010	(17)		1/31	Comp.
	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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.S. 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.

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

TELEPHONE 502 540-6000
DATE 7 2 19
AREA CODE NUMBER YEAR MO DAY

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



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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0078956	MSD0277	WEST COUNTY	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMN Sewer Main	78846-V	5501 FERN VALLEY RD			

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISDW: DRY WEATHER DISCHARGE	627994	01/05/07 3:00 PM	RUSSELL KOPP	STRUCTURAL FAILURE	DISCHARGE TO WATERS OF THE US	01/05/07 04:30 PM

Spot Inspections:

Discharge Amount:	30 GAL
Cause:	FORCE MAIN BRAKE, NORTH OF SND78847-CO IN GRASS & PARKING LOT AREA
Clean Up:	AREA RAKED & DEBRIS HAULED, AREA WASHED DOWN,
Control Zone:	SIGNS POSTED EACH SIDE OF AFFECTED AREA, FLAGS TO MARK AFFECTED AREA, REMOVED AFTER CLEAN-UP
Impact:	DEBRIS & SOLIDS WENT INTO A STORM SEWER THAT WAS RUNNING FULL.
Repair:	MAC EXCAVATED & REPLACED BROKEN PIPE. CONCRETE CURB REPLACED, GROUND REGRADED, STRAW MAT & GRASS SOWED. PARKING LOT FILLED & ROAD BED COMPLETE.

Notifications:

01/05/07 12:59 PM	Email notification of unauthorized discharge sent to Zapata.Cesar@epamail.epa.gov and eppc.ert@ky.gov
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Name of Sewage Treatment Plant: West County WTP County: Jefferson Month of: January 2007

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	Dissolved 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. Solids	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform /100ml	
																																				Raw
1	38.14			7.2	7.4				7.3		98	9				100	16		2.1					1.06	0.90	80.0	75				0.010	4.37	1			
2	23.39			7.2	7.5				7.1		164	6				143	18		1.5					0.81	0.65	50.0	62	0.3			0.010	4.98	1			
3	28.06			7.3	7.3				6.5		150	5				121	11		2.0					0.82	0.72	90.0	110				0.010	4.98	2			
4	28.36			7.2	7.2				7.1		192	5				140	11		2.0					0.93	0.81	100.0	108				0.010	5.43	2			
5	34.28			7.3	7.3				7.3		150	6				127	12		2.7					1.14	0.91	100.0	88		1.07		0.010	5.94	2			
6	31.09			7.4	7.5				6.8		150	7				140	9		2.6					1.10	0.87	100.0	91		7.96		0.010	6.10	18			
7	37.29			7.2	7.3				6.8		131	9				110	18		2.7					1.37	1.13	110.0	80				0.010	5.54	7			
8	35.22			7.0	7.1				7.3		222	7				177	11		3.3					1.36	1.09	110.0	81				0.010	4.82	2			
9	30.45			7.3	7.3				7.5		374	9				299	13		3.6					1.65	1.28	140.0	85		1.29		0.010	6.33	1			
10	23.86			7.2	7.2				6.8		282	7				248	12		3.7					1.93	1.50	150.0	78				0.010	4.98	1			
11	23.84			7.4	7.3				7.5		352	5				291	9		3.1					1.78	1.35	150.0	85				0.010	4.09	1			
12	24.63			7.3	7.4				7.0		252	6				182	10		2.8					1.83	1.39	150.0	82				0.010	4.00	1			
13	49.53			7.2	6.9				7.7		100	9				192	11		0.0					0.00	0.00						0.010	3.00	2			
14	71.77			7.3	7.3				7.5		122	12				116	16		3.4					1.26	1.00	100.0	79		4.29		0.010	2.00	1			
15	64.28			7.4	7.4				8.1		202	10				161	14		2.9					1.27	1.01	100.0	79				0.010	2.41	1			
16	43.29			7.3	7.4				8.1		320	6				243	11		2.9					0.97	0.66	90.0	93		0.75		0.010	2.91	1			
17	33.66			7.3	7.3				7.5		202	6				201	10		3.6					1.46	1.08	130.0	89				0.010	3.81	1			
18	30.98			7.3	7.4				7.3		96	5				100	8		3.1					1.47	1.18	140.0	95				0.010	4.09	1			
19	26.38			7.2	7.3				7.1		140	5				106	7		2.7					1.45	1.14	130.0	90				0.010	4.31	1			
20	25.54			7.5	7.3				6.8		162	6				130	9		2.4					1.17	0.91	120.0	103		6.84		0.010	5.04	1			
21	38.23			7.4	7.5				6.8		134	9				115	18		2.3					1.51	1.14	110.0	73				0.010	4.87	1			
22	31.80			7.3	7.3				8.6		111	6				97	12		2.4					1.20	0.91	100.0	83				0.010	4.14	2			
23	28.76			7.3	7.2				8.1		137	6				125	9		2.4					1.25	0.96	110.0	88		1.22		0.010	4.14	1			
24	27.78			7.4	7.2				8.5		144	5				121	8		2.6					1.18	0.95	120.0	102				0.010	4.70	1			
25	26.15			7.4	7.4				8.3		182	5				173	9		2.2					1.27	1.06	110.0	87				0.010	4.93	1			
26	23.37			7.3	7.5				8.0		146	7				106	11		2.8					1.45	1.17	130.0	90				0.010	5.00	1			
27	23.75			7.4	7.4				7.5		98	10				87	13		2.5					1.38	1.08	140.0	101		9.33		0.010	6.00	2			
28	23.30			7.5	7.3				8.1		168	8				203	20		2.7					1.21	0.90	140.0	116				0.010	7.39	3			
29	21.36			7.4	7.3				7.9		202	7				193	13		2.7					1.36	1.03	140.0	103				0.010	5.88	1			
30	22.85			7.3	7.2				8.1		206	7				172	14		2.4					1.35	1.04	130.0	96		1.32		0.010	5.82	1			
31	40.97			7.4	7.3				7.8		206	7				194	14		2.3					1.28	1.07	130.0	102				0.010	6.05	3			
Total	1012.4	0	0																0.0																	
Avg.	32.66			7.3	7.3				7.5		180	7				158	12		2.6					1.27	1.00	116.67	90	0.33	1.13	7.11	0.010	4.78	1			

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent _____ Operator Ibn Green
 Residential Connections: _____
 Commercial Connections: _____ 311029 Flow 253918 BOD 234086 TSS Cert. # 16155
 Industrial Connections: _____
 Sewer Connections X 4 = 0 Phone # 502 540-6042

NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: January 2007
 Average Flow 32.66 MGD

Date	Weather Data		Rainfall	Remarks
	High	Low		
1			0.27	Called API to vactor screen hoppers
2				
3				Hypo delivered 4477 gals.
4			1.02	Drain and hose out #6 Clarifier. Flow low and clarifier not needed.
5			0.42	
6				Added oil to #1 blower
7			0.5	Called API to vactor screen and grit hoppers.
8				Started draining #6 clarifier. Clarifier no longer needed due to low flow.
9				Found 4A pump kicked out. Reset pump and put it back in service.3A I/S
10				
11				Called API to vactor sreen hoppers.
12				Closed inlet and outlet for 4B pump so that maint. Can work on it.
13			0.88	Put #1 bar screen I/S due to high flow.Put #6 clarifier I/S.
14			0.68	Close off on 120" gate from 25% to 15% to 12%.
15				Ordered hypo and sodium bisulf.
16				Put 1B pump I/S in auto, took 2B pump O/S would not run in auto.
17				Found PLC in pump build. Had blown fuse. Maint fix, all fine.
18				Ordered hypo.
19				Hosed on #6 clarifier. Clarifier O/S due to low flow and needed cleaning.
20			0.55	Hypo delivery on plant with 4389 gals.
21			0.1	Put 1B pump I/S due to high 120" level.
22				
23				
24				#2 barscreen repaired and now I/S. Put #3 barscreen on S/B
25				#2 barscreen not operating properly. Took it O/S and put #3 I/S.
26				Called to order hypo.
27				Added oil to #1 blower.
28				
29				#2 barscreen repaired and put I/S. Put barsrenn screw conveyors I/S.
30				Switched W2 pumps from #1 to #2 per PM sheet.
31				Sodium Bisulfite delivered on plant
Total			4.42	
Avg.			0.55	