



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

April 10, 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
March 2007

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) for the West County Wastewater Treatment Plant, for the month of March 2007. Also enclosed is the Whole Effluent Toxicity (WET) test for the first quarter. 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 at the end.

Kevin D. Ries
Process Supervisor, West Region

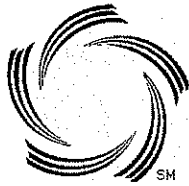
KDR/West County 0307.doc

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*

April 10, 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
March 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 March 2007. Also enclosed is the Whole Effluent Toxicity (WET) test for the first quarter. 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 0307.doc



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www.louisvillegreen.com*

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME **N&S WEST COUNTY STP**
 ADDRESS **670 LOUISVILLE/JEFF CO MSD**
1522 ALDOUNGUIN PKWY
LOUISVILLE KY 40211-2497
 FACILITY **N&S WEST COUNTY STP**
 LOCATION **LOUISVILLE KY 40272**
 ATTN: **ALEX E NOVAK, OPER MGR**

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

KY00079956		001 2					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	09	01		07	09	31

MAJOR (SUBR LV)
 F - FINAL JEFFE
 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) 00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	7.0	*****	*****	(19)		∅	Daily Grab
BOD, 5-DAY (20 DEG. C) 00310 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	34686	41270	(26)	*****	165.5	180.7	(19)		∅	Daily Comp.
	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT				DAILY COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3949	5999	(26)	*****	18.0	22.4	(19)		∅	Daily Comp.
	PERMIT REQUIREMENT	7506	11259		*****	30	45				DAILY COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	7.2	*****	8.2	(12)		∅	Daily Grab
	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	7.0				DAILY GRAB
		*****	*****	***	MINIMUM	*****	MAXIMUM	5.0			
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	43627	49106	(26)	*****	209	247	(19)		∅	Daily Comp.
	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT				DAILY COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2551	4750	(26)	*****	11.4	16.7	(19)		∅	Daily Comp.
	PERMIT REQUIREMENT	7506	11259		*****	30	45				DAILY COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA (TOTAL) (AS N) 00610 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	2763	2933	(26)	*****	13.3	15.0	(19)		∅	Daily Comp.
	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT				DAILY COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			

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.	TELEPHONE 502-540-6000	DATE			
			AREA CODE	NUMBER	YEAR	MO
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Kevin D. [Signature]		7	04	12

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

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

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

NAME MSD WEST COUNTY STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN: ALEX E NOVAK, OPER MGR

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

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	1835	2414	(25)	*****	8.7	10.4	(19)		∅ Daily	Comp.
	PERMIT REQUIREMENT	5009 MD AVG	7506 MX WK AV	LBS/DY	*****	20 MG AVG	30 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, NITRATE TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2332	3100	(25)	*****	11.6	13.6	(19)		∅ week	Comp.
	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	279.0	347.5	(25)	*****	1.43	1.95	(19)		∅ week	Comp.
	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	26.05	44.81	(03)	*****	*****	*****			∅ C/N	C/N
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTIN	CONTIN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	25.80	44.51	(03)	*****	*****	*****			∅ C/N	C/N
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL 50020 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.010	(19)		∅ Daily	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.017 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2	3	(13)		∅ Daily	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	200 300A GEO	400 700A GEO	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
Kurt D. Pres
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 540-6000
DATE: 7 04 12
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.

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

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

NAME MSD WEST COUNTY STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN: ALEX S NOVAK, OPER MGR

KY0078956
001 E
PERMIT NUMBER DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	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			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		88	*****	*****	(23)		1/31	Calc.
BOD, 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MD AVG	*****	*****	PER-CENT		ONCE/MONTH	CALC/D
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		94	*****	*****	(23)		1/31	Calc.
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MD 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
TYPED OR PRINTED

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Signature of Principal Executive Officer or Authorized Agent
Kew D. Pies

TELEPHONE DATE
502 540-6000 7 04 12
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.

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

REASONABLE POTENTIAL
EFFLUENT

*** NO DISCHARGE 1 1 ***

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

NAME MSD WEST COUNTY STP
ADDRESS C/D LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497

FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272

ATTN: ALEX E NOVAK, OPER MGR

KY0075956
PERMIT NUMBER

DDI R
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

FROM

TO

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)	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	(19)		1/31	Comp.
EFFLUENT GROSS VALUE	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein
Exec. Director
TYPED OR PRINTED

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Signature of H. J. Schardein
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 562-540-6000
DATE 7 04 12
AREA CODE NUMBER YEAR MO DAY

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

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

MAJOR (SUBR LV)
F - FINAL JEFFE
BIOMONITORING/METALS/QUARTERLY
EFFLUENT

*** NO DISCHARGE [] ***
NOTE: Read Instructions before completing this form.

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

NAME MSD WEST COUNTY STP
ADDRESS 070 LOUISVILLE/JEFF CO MSD
4522 ALBONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN: ALEX E NOVAK, OPEN MGR

KY0078956
PERMIT NUMBER

001 Y
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	03	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NARLNESB. TOTAL (AS CAC03) 00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	246	246	(19)		Qtrly	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB-E
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.021	0.021	(19)		Qtrly	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB-E
MAGNISIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.001	<0.001	(19)		Qtrly	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB-E
LEAD TOTAL RECOVERABLE 01115 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.004	<0.004	(19)		Qtrly	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB-E
ZOPPER TOTAL RECOVERABLE 01117 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.006	0.006	(19)		Qtrly	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB-E
TOXICITY, FINAL CONN TOXICITY UNITS 01406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		< 1.00	(2F)		Qtrly	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	1.00 ACUTE	DAILY MX TOXICITY			QTRLY	GRAB-E
	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Kurt D. Res	TELEPHONE		DATE		
			502 546-6000	7 4 12	AREA CODE	NUMBER	YEAR

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



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 SLS Sewer Lift Station	Facility ID MSD1099-LS	Facility Address 8901 ZABEL WAY	If Pump Station, Name of Pump Station: ZABEL PS	Receiving Stream FERN CREEK	Discharge to DITCH	
Activity Code / Description DISREV: RAIN EVENT DISCHARGE	WO # 642843	Initiated 03/01/07 06:45 PM	Initiated By NOBLE MARKS JR	Problem LACK OF SYSTEM CAPACITY	Resolution DISCHARGE TO WATERS OF THE US	Completed 03/02/07 01:15 AM

Spot Inspections:

Discharge Amount:	300 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	AREA RAKED DEBRIS HAULED & AREA WASHED DOWN
Control Zone:	CONES SETUP AND AREA TAPED OFF
Impact:	DISCOLORATION OF STREAM NOTED
Repair:	SAP WORK ORDER #5160686 ENTERED TO HAUL FROM LOCATION

Notifications:

03/01/07 06:45 PM	discharge due to lack of system cap.
03/01/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov

Name of Sewage Treatment Plant: West County WTP County: Jefferson Month of: March 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	WAS	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. Sett.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col./100ml
1	44.07			7.6	7.5				8.6		180	20				117	22			2870						1040	810	90.0	0.09				0.01	7.78	51	
2	41.35			7.4	7.3				8.7		130	18				114	23			1970						735	540	70.0	0.10				0.01	7.00	1	
3	31.03			7.2	7.6				8.3		154	17				122	23			3030						840	620	30.0	0.04				0.01	8.00	1	
4	27.95			7.4	7.5				7.9		155	20				127	25			3300						1210	900	90.0	0.07			13.30	0.01	9.74	1	
5	26.70			7.4	7.5				8.6		182	16				181	26			3030						1220	950	90.0	0.07				0.01	10.60	1	
6	24.85			7.4	7.5				8.5		274	13				282	21			3240						1140	860	100.0	0.09	1.54		0.01	11.20	5		
7	24.34			8.7	7.5				8.6		276	13				215	17			3180						1230	970	100.0	0.08				0.01	11.90	6	
8	22.78			7.4	7.6				8.5		162	10				147	16			3290						1640	1200	110.0	0.07				0.01	11.60	1	
9	21.73			7.3	7.5				8.2		308	10				199	18			3490						1380	1060	120.0	0.09				0.01	11.60	2	
10	21.71			7.4	7.2				8.4		308	9				205	13			3400						1370	1050	130.0	0.09				0.01	11.30	1	
11	21.81			7.3	7.5				8.0		318	8				201	18			3650						1330	1010	130.0	0.10			13.60	0.01	11.00	1	
12	20.72			7.2	7.5				7.9		274	6				204	13			3630						1450	1110	130.0	0.09				0.01	10.00	44	
13	10.07			7.4	7.5				8.1		174	7				151	14			3490						1410	1080	130.0	0.09	1.21		0.01	8.40	3		
14	27.72			7.2	7.5				8.0		184	9				144	16			3650						1350	1050	130.0	0.10				0.01	8.62	2	
15	29.08			7.3	7.3				8.5		125	9				109	17			3770						1240	950	110.0	0.09				0.01	7.67	2	
16	25.15			7.7	7.3				8.7		184	9				78	11			3260						1130	880	100.0	0.09				0.01	8.00	1	
17	23.86			7.3	7.5				8.4		180	10				120	14			3500						1650	1290	100.0	0.06				0.01	8.00	1	
18	23.22			7.2	7.5				8.0		170	10				185	17			3830						1380	1060	130.0	0.09			10.20	0.01	8.12	1	
19	28.12			7.7	7.3				8.3		173	9				175	18			3900						1490	1070	130.0	0.09				0.01	7.73	3	
20	29.46			7.2	7.4				8.4		200	9				192	17			4180						1400	1080	110.0	0.08	1.00		0.01	5.82	1		
21	26.07			7.1	7.3				8.2		152	8				138	15			3820						1450	1100	130.0	0.09				0.01	6.27	2	
22	23.97			7.2	7.2				8.0		155	8				185	18			3550						1340	980	130.0	0.10				0.01	7.17	1	
23	22.34			7.2	7.3				8.0		192	8				172	16			2800						1080	900	110.0	0.10				0.01	7.73	4	
24	22.82			7.2	7.4				7.3		190	9				218	18			2440						1070	850	100.0	0.09				0.01	7.95	2	
25	22.54			7.3	7.5				7.3		178	8				253	19			3570						1360	1070	130.0	0.10			9.46	0.01	7.50	1	
26	22.13			7.3	7.2				7.0		394	16				134	16			3440						1340	1050	130.0	0.10				0.01	12.40	1	
27	21.37			9.7	7.2				7.1		288	22				162	31			4030						1740	1360	140.0	0.08	1.95		0.01	9.02	1		
28	36.43			7.4	7.3				7.4		206	14				141	19			4590						1830	1380	140.0	0.08				0.01	7.00	2	
29	26.40			7.4	7.3				7.5		172	9				123	15			5050						1830	1430	140.0	0.08				0.01	6.38	3	
30	21.11			7.7	7.4				7.6		200	8				170	16			4070						1680	1210	130.0	0.08				0.01	6.00	1	
31	21.75			7.2	7.3				6.8		234	10				175	18			4590						1940	1520	150.0	0.08				0.01	7.00	1	
Total	792.7	0	0																	0.0		0.0														
Avg.	25.57			7.5	7.4				8.0		209	11				166	18			3535.8						1364.35	1044.84	114.84	0	1.43	11.64	0.01	8.66	2		

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent _____ Operator Ibn Green
 Residential Connections: _____ Commercial Connections: 243518 Flow _____ 207948 BOD _____ 212004 TSS _____ Cert. # 16155
 Industrial Connections: _____ Sewer Connections X 4 = 0 Phone # 502-540-6042