



MSD

*Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)*

March 22, 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  
February 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 February 2007.

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](http://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*

March 22, 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  
February 2007

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) for the West County Waste Water Treatment Plant, for the month of February 2007.

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*

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

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

PERMIT NUMBER KY0078956

DISCHARGE NUMBER 0012

MAJOR


(SUBR LV)

F - FINAL

MUNICIPAL WASTEWATER  
EFFLUENT

\*\*\* 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)					6.0					Daily	Grab
00300 1 0 0	PERMIT REQUIREMENT				INST MIN			MG/L			
EFFLUENT GROSS VALUE											
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	35821	42943	( 26 )		174.8	185.9	( 17 )		Daily	Comp.
00310 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT			REPORT	REPORT			DAILY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	4722	6088	( 26 )		20.4	22.6	( 17 )		Daily	Comp.
00310 1 0 0	PERMIT REQUIREMENT	7506	11257			30	45			DAILY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
PH	SAMPLE MEASUREMENT				7.2		7.6	( 12 )		Daily	Grab
00400 1 0 0	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SU		DAILY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	43908	51324	( 26 )		210.4	224.4	( 17 )		Daily	Comp.
00530 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT			REPORT	REPORT			DAILY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3417	4524	( 26 )		14.1	18.3	( 17 )		Daily	Comp.
00530 1 0 0	PERMIT REQUIREMENT	7506	11257			30	45			DAILY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2852	2935	( 26 )		14.4	17.6	( 17 )		Daily	Comp.
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT			REPORT	REPORT			DAILY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD 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							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.

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

NAME MSD WEST COUNTY STP  
 ADDRESS C/O LOUISVILLE/JEFF CO MSD  
 4502 ALDINGUIN PKWY  
 LOUISVILLE KY 40211-2497  
 FACILITY MSD WEST COUNTY STP  
 LOCATION LOUISVILLE KY 40272  
 ATTN ALEX E NOVAK, OPER MGR

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

KY0070956  
 PERMIT NUMBER  
 0012  
 DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL JEFFE  
 MUNICIPAL WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE 1 \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	03

FROM

TO

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			
NITROGEN, AMMONIA TOTAL (AS N) 00510 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1930	2618	( 26 )	*****	9.09	12.2	( 19 )		Daily	Comp.
	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2380	4006	( 26 )	*****	11.9	19.3	( 19 )		1 WEEK	Comp.
	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	293.8	342.9	( 26 )	*****	1.45	1.94	( 19 )		1 WEEK	Comp.
	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	27.33	62.78	( 03 )	*****	*****	*****			CN	CN
	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD	*****	*****	*****	*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	26.16	68.57	( 03 )	*****	*****	*****			CN	CN
	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD	*****	*****	*****	*****			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****		0.010	( 19 )		Daily	Lab
	PERMIT REQUIREMENT				*****		DAILY MX	MG/L			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				*****	1.93	3.29	( 13 )		Daily	Lab
	PERMIT REQUIREMENT				*****	300A GED	7 DA GED	100ML			

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

Ke. = D. F. S.

TELEPHONE

502 540 6000

DATE

7 3 23

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

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

NAME MSD WEST COUNTY STP  
ADDRESS 070 LOUISVILLE/JEFF CO MSD  
4522 ALDORQUIN PKWY  
LOUISVILLE KY 40211-2497

FACILITY MSD WEST COUNTY STP

LOCATION LOUISVILLE KY 40272

ATTN: ALEX E NOVAK, OPER MGR

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

KY0078956  
PERMIT NUMBER

0012  
DISCHARGE NUMBER

MAJOR  
(SUBR LV)  
F - FINAL

Form Approved  
OMB No. 2040-0004

JEFFCO

MUNICIPAL WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

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	*****	*****		87	*****	*****	(23)	0	1/28	calc.
BOD, 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	NO AVG	*****	*****	PERCENT		1/28	calc.
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		92	*****	*****	(23)	0	1/28	calc.
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	NO MIN	*****	*****	PERCENT		1/28	calc.
	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. Schadein  
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

TELEPHONE

DATE

502 540 6000

7 3 23

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  
ADDRESS C/O LOUISVILLE/JEFF CO MSD  
4522 ALONGQUIN PKWY  
LOUISVILLE KY 40211-2497

FACILITY MSD WEST COUNTY STP

LOCATION LOUISVILLE KY 40272

ATTN: ALEX E NOVAK, OPER. MGR

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

KY0078756  
PERMIT NUMBER

DDI R  
DISCHARGE NUMBER

MAJOR

(SUDR LV)

F - FINAL


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)	SAMPLE MEASUREMENT	*****	*****		*****	0.049	0.049	(17)		1/28	Comp.
01002 : C O	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		1/28	Comp.
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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	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			502.540.6000 AREA CODE NUMBER	7	3	23

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

Name of Sewer Treatment Plant: West County WTP Jefferson County Month of: February 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	Million Gal/Day	MLSS mg/L X 1000	WAS	Gal/Day X 1000	Dissolved Oxygen (mg/L) #1	Dissolved Oxygen (mg/L) #2	MLSS (mg/L) X1000 #1&#2	MLVSS (mg/L) X1000 #1&#2	30 min. Settle	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col./100ml		
1	20.51			7.4	7.3				7.7		196		8			169		13		2.2					1.21	0.94	120.0	99				0.010	6.33	4	
2	20.05			7.4	7.4				7.9		158		8			158		11		2.2					1.39	1.12	100.0	72				0.010	6.27	1	
3	20.12			7.4	7.5				7.3		212		8			199		15		2.4					1.53	1.18	110.0	72		8.28		0.010	6.78	1	
4	21.13			7.5	7.2				7.0		200		7			200		17		2.2					1.37	1.12	110.0	80				0.010	5.99	1	
5	18.41			7.2	7.3				7.2		208		7			188		15		2.7					1.47	1.12	130.0	88	1.94			0.010	7.00	1	
6	19.26			7.2	7.2				7.0		236		8			171		14		2.4					1.37	1.11	120.0	88				0.010	6.94	1	
7	18.36			7.3	7.3				7.0		246		8			216		16		2.2					1.52	1.26	100.0	66				0.010	7.22	1	
8	18.03			7.4	7.5				6.8		216		8			192		16		2.2					1.23	1.05	120.0	98				0.010	7.06	3	
9	16.96			7.5	7.3				6.6		268		9			196		16		2.1					1.24	0.97	110.0	89				0.010	7.11	1	
10	18.66			7.2	7.4				6.0		264		11			201		15		2.0					1.19	0.98	100.0	84		10.60		0.010	7.84	1	
11	18.23			7.1	7.3				7.7		274		13			268		30		2.1					1.48	1.19	100.0	68				0.010	8.57	2	
12	21.66			7.3	7.5				7.4		264		13			218		23		2.1					1.57	1.31	100.0	64	1.18			0.010	8.68	1	
13	68.57			7.2	7.4				9.7		184		28			112		34		2.2					0.80	0.62	70.0	88				0.010	4.59	1	
14	37.23			7.7	7.4				9.1		101		23			91		24		1.1					0.49	0.39	50.0	102				0.010	4.70	2	
15	27.19			8.3	7.5				8.9		168		21			116		29		0.6					0.36	0.28	50.0	140				0.010	7.67	1	
16	26.87			7.6	7.6				8.6		156		20			153		18		0.4					0.27	0.21	50.0	188				0.010	10.00	1	
17	26.30			7.4	7.6				8.0		128		21			145		20		0.4					0.27	0.25	50.0	185				0.010	12.00	17	
18	24.57			7.4	7.6				7.2		202		18			120		20		0.4					0.27	0.23	50.0	185				0.010	13.00	1	
19	25.70			7.4	7.5				7.1		222		18			142		19		0.8					0.43	0.39	50.0	116	1.60			0.010	14.00	1	
20	24.89			7.3	7.5				7.5		252		18			189		22		1.8					0.72	0.61	70.0	97		19.30		0.010	14.00	1	
21	24.97			7.3	7.5				7.9		250		12			202		30		2.5					1.02	0.87	90.0	88				0.010	15.10	1	
22	24.90			7.4	7.5				8.0		336		19			288		29		2.7					1.05	0.84	90.0	86				0.010	14.50	1	
23	21.49			7.3	7.4				7.9		226		13			199		23		2.9					1.35	1.16	110.0	81				0.010	14.60	1	
24	32.20			7.4	7.6				8.6		212		21			179		25		3.1					1.49	1.18	100.0	67		9.21		0.010	12.20	1	
25	40.81			7.4	7.4				8.7		104		18			80		18		2.4					0.86	0.67	70.0	81				0.010	6.10	1	
26	36.33			7.3	7.4				8.9		113		11			98		25		2.3					0.63	0.48	80.0	127	1.06			0.010	7.22	1	
27	31.16			7.4	7.5				8.7		282		12			223		19		2.2					0.62	0.52	60.0	98				0.010	9.24	1	
28	27.79			7.3	7.4				8.5		212		13			182		19		2.9					0.90	0.71	80.0	89				0.010	9.86	4	
29	0.00																		0.0						0.00	0.00									
30	0.00																		0.0						0.00	0.00									
31	0.00																		0.0						0.00	0.00									
Total	732.4	0	0															0.0		0.0															
Avg.	23.62			7.4	7.4				7.8		210		14			175		21		1.8						0.91	0.73	87.14	99		1.45	11.85	0.010	9.09	1

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent \_\_\_\_\_ Operator Ibn Green

Residential Connections: \_\_\_\_\_ \_\_\_\_\_

Commercial Connections: \_\_\_\_\_ 224992 202614 197361

Industrial Connections: \_\_\_\_\_ Flow BOD TSS

Sewer Connections X 4 = 0 Phone # 502 540-6042

NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: February 2007  
 Average Flow 26.16 MGD

Weather Data				Remarks
Date	High	Low	Rainfall	
1			0	
2			0	
3			0	
4			0	Called and ordered a load of hypo.
5			0	Reset heater in eff sampler.
6			0	Put #1 hypo pump on s/b and put #3 i/s.
7			0	Took phosphorus sample to mfwtp.
8			0	
9			0	Called waste manag. About grit lugger.
10			0	
11			0	
12			1	Waste manag on plant to pick up grit lugger.
13			1	put #3 barscreen i/s along with #2 due to high flow.
14			0.00	took #3 barscreen o/s due to drop in flow.
15			0	Called and ordered a load of hypo.
16			0	hypo delivered.
17			0	
18			0.00	
19			0	electrician working on #2 RAS pump.
20			0.15	
21			0	Took phosphorus sample to mfwtp.
22			0	Started draining #3 clarifier due to low flow.
23			0	Contractors working on leak by #2 clarifier.
24			0	Put #3 and #6 clarifier i/s due to rain and high flow.
25			0	Flow still high, plant still set up for rain.
26			0	took #3 barscreen and #3 & 6 clarifiers o/s due to drop in flow.
27			0	Started draining #3 clarifier due to low flow.
28			0	Valved in 3A and 4B pumps and put them in auto.
29				
30				
31				
Total			2.15	
Avg.			0.08	