MSD

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

November 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
October 2007

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) for the West County Wastewater Treatment Plant, for the month of October 2007. Additionally, the discharge spreadsheets 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

MSD

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

November 21, 2007

Mr. Charlie Roth
Kentucky Division of Water
9116 Leesgate Rd.
Louisville, Kentucky 40222

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

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 October 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

Kevin D. Ries
Process Supervisor, West Region

KDR/West County 1206.doc

Form Approved.
OMB No. 2040-0004

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 NOVAM, OPER MGR

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

KY0078956	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

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

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		3.5	******	******	(19)	Ø	Daily	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		2 INST MIN	******	******	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	31903	38623	(26)	******	194	234	(19)	Ø	Daily	Comp
00310 G 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)	SAMPLE MEASUREMENT	2508	4266	(26)	******	13.8	17.6	(19)	Ø	Daily	Comp.
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	SAMPLE MEASUREMENT	******	******		6.4	******	7.4	(12)	Ø	Daily	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	42639	66149	(26)	******	242	279	(19)	Ø	Daily	Comp.
00530 G 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	SAMPLE MEASUREMENT	1962	5118	(26)	******	8.7	13.3	(19)	Ø	Daily	Comp.
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)	SAMPLE MEASUREMENT	2708	2792	(26)	******	17.2	21.7	(19)	Ø	Daily	Comp.
00610 G 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			TELEPHONE		DATE		
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.	Kent D. Rees	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502	540-6000	07	11	21

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

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0078956	001 2

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1199	1326	(26)	******	7.5	10.1	(19)	Ø	Daily	Comp.
	PERMIT REQUIREMENT	5004 MO AVG	7506 MX WK AV	LBS/DY	******	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1477	1750	(26)	******	10.1	12.8	(19)	Ø	WK	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	345	503	(26)	******	1.83	2.20	(19)	Ø	WK	Comp.
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 3 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	22.7	67.3	(03)	******	******	******		Ø	C/N	C/N
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	22.5	67.0	(03)	******	******	******		Ø	C/N	C/N
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 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	******	******		******	2.9	5.5	(13)	Ø	Daily	Grab
	PERMIT REQUIREMENT	******	****** ****	****	******	200 30DA GEO	400 #/ 7 DA GEO	100ML		DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
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.	Kent D. Ries SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502 540-6000 AREA CODE NUMBER	07 11 21 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)*
NAME MSD WEST COUNTY STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY LOCATION MSD WEST COUNTY STP
LOUISVILLE KY 40272
ATTN: ALEX E NOVAK, OPER MGR

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0078956	001 2

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

JEFFE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

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(80D, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		92	******	******	(23)	0	1/31	Calc.
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	****** ****	****	85 MO AVG	******	******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		95	******	******	(23)	0	1/31	Calc.
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	****** ****	****	85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
	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

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.

Kent D. Ker
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540-6000	07	11	21

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

KY0078956	001 R
PERMIT NUMBER	**DISCHARGE NUMBER**

MAJOR
(SUBR LV)
F - FINAL
REASONABLE POTENTIAL
EFFLUENT
*** NO DISCHARGE |__| ***

JEFFE

		YEAR	MO	DAY		YEAR	MO	DAY
MONITORING PERIOD	FROM	07	10	01	TO	07	10	31

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING – AVERAGE	QUANTITY OR LOADING – MAXIMUM	QUANTITY OR LOADING – UNITS	QUALITY OR CONCENTRATION – MINIMUM	QUALITY OR CONCENTRATION – AVERAGE	QUALITY OR CONCENTRATION – MAXIMUM	QUALITY OR CONCENTRATION – UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	Ø	1/31	Comp.
01032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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Kent D. R[illegible]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	07	11	21
AREA CODE	NUMBER	YEAR	MO	DAY

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

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Oct 01, 2007 12:00 AM thru Oct 31, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, 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
SMH Sewer Manhole	22385	10000 PLAUDIT WAY		BLACK POND CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	717779	10/23/07 07:20 PM	MICHAEL GRIFFITH	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	10/25/07 12:10 AM

Spot Inspections:

Discharge Amount:	3,024,000 GAL
Cause:	LACK OF SYSTEM CAPACITY - HEAVY RAIN
Clean Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	NO CONTROL ZONE NEEDED
Impact:	NO IMPACT OBSERVED
Repair:	THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN TO BE SUBMITTED BY DECEMBER 31, 2008

Notifications:

10/26/07 12:59 AM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov, eppcert@ky.gov and bradley.kouns@ky.gov

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Oct 01, 2007 12:00 AM thru Oct 31, 2007 11:59 PM

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
SMH Sewer Manhole	25464	9317 LANTANA DR		PENNSYLVANIA RUN	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	717197	10/23/07 07:00 PM	PATRICK ELDER	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	10/24/07 07:35 AM

Spot Inspections:

Discharge Amount:	37,750 GAL
Cause:	RAIN EVENT IN AREA
Clean Up:	LIMED & RAKED THE AFFECTED AREAS
Control Zone:	TEMPORARY SIGNS PLACED
Impact:	DISCOLORATION ON GROUND
Repair:	LIMED & RAKED THE AREA

Notifications:

10/22/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to Harkins.John@ epamail.epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov
10/22/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@ epamail.epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Oct 01, 2007 12:00 AM thru Oct 31, 2007 11:59 PM

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
SMH Sewer Manhole	32682	6707 WORELL RD		MILL CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	717184	10/23/07 05:58 PM	MICHAEL GRIFFITH	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	10/25/07 12:05 AM

Spot Inspections:

Discharge Amount:	3,240,000 GAL
Cause:	LACK OF SYSTEM CAPACITY - HEAVY RAIN
Clean Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	NO CONTROL ZONE NEEDED
Impact:	NO IMPACT OBSERVED
Repair:	THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN TO BE SUBMITTED BY DECEMBER 31, 2008

Notifications:

10/22/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to Harkins.John@epamail.epa.gov,eppcert@ky.gov and bradley.kouns@ky.gov
10/22/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov,eppcert@ky.gov and bradley.kouns@ky.gov

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Oct 01, 2007 12:00 AM thru Oct 31, 2007 11:59 PM

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
SMH Sewer Manhole	35306	5109 MARJORIE DR		MANSLICK BRANCH	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	717196	10/23/07 08:00 PM	PATRICK ELDER	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	10/24/07 10:30 AM

Spot Inspections:

Discharge Amount:	21,000 GAL
Cause:	RAIN EVENT IN AREA
Clean Up:	WILL LIME AREA AFFECTED & RAKE WHEN RAIN ENDS
Control Zone:	TEMPORARY SIGNS PLACED AROUND AFECTED AREA
Impact:	DISCOLORATION ON GROUND
Repair:	HAULING AS TRUCKS BECOME AVAILABLE

Notifications:

10/22/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to Harkins.John@epamail.epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov
10/22/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Oct 01, 2007 12:00 AM thru Oct 31, 2007 11:59 PM

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
SMH Sewer Manhole	35309	5109 MARJORIE DR		MANSLICK BRANCH	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	717034	10/23/07 08:55 AM	PATRICK ELDER	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	10/23/07 10:00 AM

Spot Inspections:

Discharge Amount:	650 GAL
Cause:	RAIN EVENT IN AREA
Clean Up:	AREA WAS LIMED & RAKED
Control Zone:	TEMPORARY SIGNS PLACED AROUND AFFECTED AREA
Impact:	DISCOLORATION ON GROUND
Repair:	LIMED & RAKED AFFECTED AREA

Notifications:

10/22/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov,eppcen@ky.gov and bradley.kouns@ky.gov

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Oct 01, 2007 12:00 AM thru Oct 31, 2007 11:59 PM

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
SMH Sewer Manhole	59169	9801 EVENING STAR DR		MILL CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	717188	10/23/07 07:20 PM	MICHAEL GRIFFITH	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	10/25/07 12:10 AM

Spot Inspections:

Discharge Amount:	3,024,000 GAL
Cause:	HEAVY RAIN
Clean Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	NO CONTROL ZONE NEEDED
Impact:	NO IMPACT OBSERVED
Repair:	THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN TO BE SUBMITTED BY DECEMBER31,2008

Notifications:

10/22/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to Harkins.John@ epamail.epa.gov,eppc.ert@ky.gov and bradley.kouns@ky .gov
10/22/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@ epamail.epa.gov,eppc.ert@ky.gov and bradley.kouns@ky .gov

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Oct 01, 2007 12:00 AM thru Oct 31, 2007 11:59 PM

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
SMH Sewer Manhole	93719	9317 LANTANA DR		PENNSYLVANIA RUN	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	717138	10/23/07 07:37 PM	BRYON RICHARDSON	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	10/24/07 01:25 PM

Spot Inspections:

Discharge Amount:	6,200 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD PERSONNEL RAKED AND BAGGED DEBRIS AROUND AFFECTED AREA
Control Zone:	MSD PERSONNEL PLACED SIGN AROUND THE AFFECTED AREA
Impact:	DISCHARGE FROM MANHOLE - 100 GALLONS PER MINUTE
Repair:	REPAIRS NOT NEEDED

Notifications:

10/22/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to Harkins.John@ epamail.epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov
10/22/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@ epamail.epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Oct 01, 2007 12:00 AM thru Oct 31, 2007 11:59 PM

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	MSD1099-LS	8901 ZABEL WAY	ZABEL	FERN CREEK	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	718981	10/23/07 06:00 AM	JAMES PORTER JR	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	10/24/07 04:00 AM

Spot Inspections:

Discharge Amount:	500 GAL
Cause:	HEAVY STORM FLOW
Clean Up:	AREA RAKED AND DEBRIS HAULED
Control Zone:	CONTROL ZONE SET UP WAS NOT NEEDED
Impact:	VISUAL IMPACT WAS NOT OBSERVED BY MSD PERSONNEL
Repair:	AREA WAS RAKED & DEBRIS HAULED

Notifications:

10/22/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to Harkins.John@epamail.epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov
10/22/07 12:59 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov

Name of Sewage Treatment Plant: West County WTP Jefferson County Month of: October 2007

KPDES Permit Number: KY0078956 Plant Capacity: 30 MGD Receiving Stream: Ohio River

Date	Total Flow (MG)	Raw Sewage: Grit Removed (cu. ft.)	Raw Sewage: Screenings (cu. ft.)	pH: Raw	pH: Final	Settleable Solids (mL/L): Raw	Settleable Solids (mL/L): Primary (or Sec.)	Settleable Solids (mL/L): Final	Dissolved Oxygen (mg/L): Stream Above	Dissolved Oxygen (mg/L): Final	Dissolved Oxygen (mg/L): Stream Below	Suspended Solids (mg/L): Raw	Suspended Solids (mg/L): Primary (or Sec.)	Suspended Solids (mg/L): Final	Total Solids (mg/L): Raw	Total Solids (mg/L): Primary (or Sec.)	Total Solids (mg/L): Final	5-day BOD (mg/L): Raw	5-day BOD (mg/L): Primary (or Sec.)	5-day BOD (mg/L): Final	Activated Sludge: Return: Million Gal/Day	Activated Sludge: Return: MLSS mg/L X 1000	Activated Sludge: WAS: Gal/Day X 1000	Aeration Basin: Dissolved Oxygen (mg/L) #1	Aeration Basin: Dissolved Oxygen (mg/L) #2	Aeration Basin: MLSS (mg/L) X1000 #1&#2	Aeration Basin: MLVSS (mg/L) X1000 #1&#2	Aeration Basin: 30 min. SettS.	Aeration Basin: SVI	Dig Sludge: % Solids	Final: Phosphorus (mg/L)	Final: TKN (mg/L)	Final: Chlorine Residual (mg/L)	Final: NH3-N (mg/L)	Final: Fecal Coliform Col./100ml
1	16.43			7.1	7.2					4.0		338		8				233		18		3410				1430	1080	70.0	0.05				0.01	9.80	1
2	16.04			7.3	7.3					3.5		390		7				344		19		3440				1360	1080	70.0	0.05		2.00		0.01	9.80	5
3	15.48			7.2	7.2					6.2		214		7				179		16		3430				1380	1080	70.0	0.05				0.01	9.97	7
4	15.81			7.3	7.2					5.9		266		7				199		23		3100				1390	1050	60.0	0.04				0.01	9.97	1
5	15.68			7.2	7.2					5.7		232		9				230		16		3330				1310	1050	60.0	0.05				0.01	10.80	1
6	14.81			7.3	7.3					5.7		248		9				227		14		3180				1830	1420	70.0	0.04				0.01	11.00	3
7	16.39			7.2	7.3					5.8		278		11				223		17		4350				1610	1240	70.0	0.04			12.80	0.01	9.18	1450
8	15.34			7.1	7.1					6.0		196		8				210		18		3420				1460	1140	60.0	0.04				0.01	10.70	7
9	15.94			7.2	7.2					5.8		216		8				199		17		3560				1840	1390	70.0	0.04		2.20		0.01	11.10	3
10	15.46			7.2	7.2					5.8		250		9				199		15		3190				1350	1080	60.0	0.04				0.01	10.30	3
11	15.46			7.3	7.2					5.8		290		8				260		16		3280				1460	1140	70.0	0.05				0.01	10.20	1
12	14.69			7.3	7.2					6.0		222		8				213		14		3440				1380	1050	70.0	0.05				0.01	9.00	3
13	15.63			7.2	7.1					5.2		218		8				193		12		2860				1890	1440	100.0	0.05				0.01	8.00	1
14	16.15			7.3	7.4					5.9		248		8				210		15		3620				2680	2070	100.0	0.04			9.64	0.01	7.67	1
15	16.15			7.3	7.2					6.6		226		7				234		14		3530				2250	1690	110.0	0.05				0.01	7.78	2
16	17.27			7.3	7.2					6.9		268		8				200		15		3370				2180	1720	120.0	0.06		2.20		0.01	7.22	1
17	16.03			7.2	7.2					6.5		506		4				289		10		3520				1980	1460	120.0	0.06				0.01	5.99	3
18	23.67			7.4	7.2					6.4		224		8				166		12		3320				2320	1750	120.0	0.05				0.01	6.38	19
19	24.88			7.2	7.2					6.5		202		7				140		9		4210				1510	1150	90.0	0.06				0.01	5.21	1
20	0.00			7.4	7.4					6.0		218		7				220		12		3560				2050	1570	100.0	0.05				0.01	6.10	1
21	16.15			7.3	7.3					6.2		220		9				220		17		4420				2620	1870	100.0	0.04			9.77	0.01	7.45	1
22	43.96			7.3	7.3					8.0		346		20				112		18		3300				1880	1410	110.0	0.06				0.01	5.66	2
23	67.03			7.0	6.3					9.8		94		20				56		13		3000				870	620	90.0	0.10		0.90		0.01	1.90	1
24	51.32			7.0	6.7					8.5		49		14				35		13		1350				370	265	50.0	0.14				0.01	1.79	1
25	48.50			7.2	7.4					7.8		328		16				190		11		2020				465	340	50.0	0.11				0.01	4.09	2
26	27.13			7.1	7.2					8.4		222		11				170		10		4240				2130	1490	100.0	0.05				0.01	5.00	2
27	24.20			7.0	7.3					8.1		192		6				170		8		4910				2030	1430	100.0	0.05				0.01	6.00	10
28	22.71			7.1	7.3					7.9		214		6				174		11		4940				1860	1310	100.0	0.05			8.15	0.01	6.33	14
29	20.97			7.2	7.1					8.0		200		4				173		8		4750				1990	1440	100.0	0.05				0.01	5.88	5
30	20.03			7.2	7.4					7.8		206		4				163		7		4140				1950	1390	110.0	0.06				0.01	6.05	3
31	18.34			7.4	7.2					7.9		202		4				180		9		4100				1960	1420	110.0	0.06				0.01	5.82	5
Total	677.7	0	0																		0.0		0.0												
Avg.	**21.86**			**7.2**	**7.2**					**6.6**		**243**		**9**				**194**		**14**		**3557.7**				**1702.74**	**1278.55**	**86.45**	**0**		**1.83**	**10.09**	**0.01**	**7.49**	3

Total Number of Sewer Connections: 0

Residential Connections:

Commercial Connections:

Industrial Connections:

Sewer Connections X 4 = 0

Industrial Waste Population Equivalent

Flow	BOD	TSS
208187	207944	210678

Operator: Stephen Patterson

Cert. #: 5879

Phone #: 540-6031

NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: October 2007
Average Flow 22.59 MGD

	Weather Data			
Date	High	Low	Rainfall	Remarks
1				Inst. Tech PM on A and B Inf. Pump wet well controllers.
2				PM fire ext. first aid Cleaned on #2 clarifier
3				PM on primary equip oil check, DO probes and chemical unloading.
4				Contractor pulled #3 clarifier bridge for repair.
5				
6				Maint. Repaired #2 hypo tank flange
7				
8				PM RAS, grit hoppers and odor control
9			0.02	
10				Conveyor in screen building out of service for repair.
11				Contractor and Maint. Checking 1-B Inf. Pump vibrations.
12				DC elevator performed PM on screen building elevator.
13				
14				
15				#3 RAS pump out of service due to excess vibration.
16			0.04	PM and cleaned RAS building.
17			0.86	
18			0.87	Storm flow set up
19				Normal operation.
20				
21				
22			4.89	Storm flow set up
23			2.96	
24			0.08	#3 bar screen out of service for repair. Maint. Greased 2-B to lower bearing temp.
25				3-B Inf.pump out of service due to bearing failure.
26				Unstopped #2 grit classifier drain line.
27				
28				
29				Maint. Shut off water to aeration and contact tanks to keep lines from freezing.
30				
31				
Total			9.72	
Avg.			**1.39**	