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

May 20, 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
April 2007

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) for the West County Wastewater Treatment Plant, for the month of April 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

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

May 20, 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
April 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.

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

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	DISCHARGE NUMBER
KY0078956	001 2

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO.	DAY
FROM	07	04	01	TO	07	04	30

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

JEFFE

Form Approved.
OMB No. 2040-0004

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	******	******		7.1	******	******	(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	40133	47792	(26)	******	194.4	238.0	(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	COMP24
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	4307	4699	(26)	******	19.8	22.6	(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	COMP24
PH	SAMPLE MEASUREMENT	******	******		7.3	******	7.7	(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	44742	61827	(26)	******	211.3	281.4	(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	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2231	2751	(26)	******	9.7	11.7	(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	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2620	2752	(26)	******	12.8	13.3	(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	COMP24

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.

Kevin D. Rice [signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	07	05	21
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.

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 NOVAK, OPER MGR

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

KY0078956 — PERMIT NUMBER

001 2 — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 97 MO 04 DAY 01 TO YEAR 97 MO 04 DAY 30

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

JEFFE

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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
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1441	1519	(26) LBS/DY	******	6.9	7.2	(19) MG/L	Ø	Daily	Comp.
	PERMIT REQUIREMENT	5004 MO AVG	7508 MX WK AV		******	20 MO AVG	30 MX WK AV			WKLY	COMP
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1951	2575	(26) LBS/DY	******	9.3	10.1	(19) MG/L	Ø	WK	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		******	REPORT MO AVG	REPORT MX WK AV			WEEKLY	COMP
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	289.4	469.3	(26) LBS/DY	******	1.40	1.76	(19) MG/L	Ø	WK	Comp.
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		******	REPORT MO AVG	REPORT MX WK AV			WEEKLY	COMP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	26.2	42.1	(03) MGD	******	******	******	***	Ø	C/N	C/N
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******	***		CONTIN	CONT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	25.8	56.6	(03) MGD	******	******	******	***	Ø	C/N	C/N
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		******	******	******	****		CONTIN	CONT
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	*** ****	******	******	0.010	(19) MG/L	Ø	Daily	Grab
	PERMIT REQUIREMENT	******	******	*** ****	******	******	0.017 DAILY MX			DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	3	14	(13) #/100ML	Ø	Daily	Grab
	PERMIT REQUIREMENT	******	******	*** ****	******	200 30DA GEO	400 7 DA GEO	#/100ML		DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. Schardein
Exec. Director.

TYPED OR PRINTED

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Ken D Rea

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE 502 NUMBER 540-6000

DATE

YEAR 97 MO 05 DAY 21

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 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	DISCHARGE NUMBER
KY0078956	001 2

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	04	01	TO	07	04	30

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

Form Approved.
OMB No. 2040-0004

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BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		89	******	******	(23)	Ø	1/30	Calc.
81010 1 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	*** ****	85 MO AVG	******	******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		95	******	******	(23)	Ø	1/30	Calc
81011 F 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

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[signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	07	05	21
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
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LOUISVILLE KY 40211-2497

FACILITY MSD WEST COUNTY STP

LOCATION LOUISVILLE KY 40272

ATTN ALEX E NOVAK, OPER MGR

VI/

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

KY0078956	001 R
PERMIT NUMBER	DISCHARGE NUMBER

	MONITORING PERIOD						
	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

MAJOR
(SUBR LV)
F - FINAL
REASONABLE POTENTIAL
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFFE

Form Approved.
OMB No. 2040-0004

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			
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	******	******		******	0.010	0.010	(19)	Ø	1/30	Comp.
01032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	[illegible]
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. Schardein
Exec. Director

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[signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	07	05	21
AREA CODE	NUMBER	YEAR	MO	DAY

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

Name of Sewage Treatment Plant: West County WTP Jefferson County Month of: April 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)	Fecal Coliform Col./100ml
1	22.49			7.6	7.4					6.5		234		12				176		19		4750				2210	1690	140.0	0.06			10.10	0.01	7.78	180
2	20.18			9.0	7.7					6.4		268		11				189		24		4040				1560	1210	130.0	0.08				0.01	8.51	184
3	31.97			7.4	7.5					6.7		386		18				205		29		3930				1470	1120	110.0	0.07		1.76		0.01	7.17	10
4	36.67			7.4	7.3					7.6		160		13				121		17		3020				1190	890	90.0	0.08				0.01	5.04	4
5	26.64			7.4	7.4					7.6		500		10				336		14		3740				1170	860	90.0	0.08				0.01	6.89	4
6	23.02			7.3	7.4					7.6		220		9				186		12		4370				1600	1200	110.0	0.07				0.01	6.83	4
7	22.92			7.4	7.3					7.6		202		9				152		14		4300				1600	1230	110.0	0.07				0.01	7.56	5
8	20.53			7.3	7.3					6.7		226		10				178		17		5100				1520	1130	110.0	0.07			10.10	0.01	7.95	1
9	20.05			7.3	7.4					6.7		196		9				158		17		3650				1480	1140	100.0	0.07				0.01	7.95	1
10	19.30			7.3	7.2					6.6		208		8				162		16		3370				1410	1050	100.0	0.07		1.50		0.01	7.34	2
11	26.65			7.3	7.3					6.5		274		13				161		19		3260				1370	1050	100.0	0.07				0.01	7.11	7
12	24.64			7.3	7.3					7.5		184		8				138		17		4000				1290	990	1000.0	0.78				0.01	6.22	1
13	21.42			7.3	7.2					7.5		276		7				154		10		3820				1380	1070	100.0	0.07				0.01	6.00	1
14	56.60			7.3	7.4					8.0		88		19				43		21		4210				1370	1090	100.0	0.07				0.01	5.00	5
15	43.12			7.3	7.4					7.6		254		13				198		25		2150				1320	960	60.0	0.05			7.16	0.01	4.70	1
16	29.94			7.2	7.4					7.6		90		8				106		15		3570				1080	800	80.0	0.07				0.01	5.66	1
17	26.74			7.1	7.3					7.3		164		6				166		12		3580				1160	890	90.0	0.08		0.68		0.01	6.10	1
18	24.82			7.3	7.3					7.4		204		5				180		10		3530				1340	1000	90.0	0.07				0.01	6.72	2
19	23.67			7.2	7.2					7.7		206		7				174		14		3570				1310	1050	90.0	0.07				0.01	7.34	1
20	21.82			7.3	7.3					7.1		178		7				153		15		3860				1410	1090	100.0	0.07				0.01	7.00	1
21	20.65			7.1	7.0					6.6		198		7				138		16		3790				1690	1310	100.0	0.06				0.01	7.00	1
22	21.62			7.1	7.2					5.9		228		8				394		25		3970				1670	1320	100.0	0.06			9.58	0.01	7.56	1
23	22.15			7.2	7.2					7.8		186		11				216		24		3940				1600	1230	120.0	0.08				0.01	8.57	1
24	21.21			7.3	7.3					6.5		212		9				272		26		3590				1540	1170	110.0	0.07		1.67		0.01	8.29	12
25	20.66			7.4	7.3					6.5		184		8				192		20		3920				1510	1220	110.0	0.07				0.01	7.39	1
26	35.56			7.2	7.3					7.6		182		14				200		28		1410				3830	1110	100.0	0.03				0.01	6.89	8
27	27.53			7.3	7.4					7.6		140		7				167		23		4460				1350	1020	90.0	0.07				0.01	5.26	1
28	24.47			7.7	7.1					6.7		162		8				225		21		4230				1410	1100	110.0	0.08				0.01	6.22	1
29	0.00			7.1	7.5							178		10				324		40		3940				1500	1190	100.0	0.07			9.77	0.01	6.83	5
30	22.41			7.2	7.2					6.1		180		7				319		34		3760				1510	1180	100.0	0.07				0.01	7.62	4
31	0.00																												#VALUE!						
Total	759.5	0	0																		0.0		0.0												
Avg.	**24.50**			**7.3**	**7.3**					**7.1**		**212**		**10**				**193**		**20**		**3761.0**				**1528.33**	**1112.00**	**131.33**	**#VALUE!**		**1.40**	**9.34**	**0.01**	**6.88**	3

Total Number of Sewer Connections: 0

Residential Connections:

Commercial Connections:

Industrial Connections:

Sewer Connections X 4 = 0

Industrial Waste Population Equivalent

233318	231679	206522
Flow	BOD	TSS

Operator: Ibn Green

Cert. #: 16155

Phone #: 540-6042

NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: April 2007
Average Flow 26.19 MGD

	Weather Data			
Date	High	Low	Rainfall	Remarks
1			0	
2			0	Taking #6 clarifier o/s and draining it due to low flow.
3			1.33	Put #3 Clarifier i/s due to hi flow/rain.
4			0	put #6 Clarifier i/s due to hi flow.
5			0	
6			0	taking #6 clarifier o/s and draining it due to low flow.
7			0	taking #3 clarifier o/s and draining it due to low flow.
8			0	
9			0	Load of hypo delivered.
10			0	
11			0.15	Put #1 hypo pump on s/b, put #3 hypo pump i/s.
12			0.65	cleaned and hosed on #6 clarifier
13			1.00	cleaned and hosed on #6 clarifier
14			0.86	Ordered a load of hypo. Set up plant for high flow.
15			0	put plant back on regular flow operation.
16			0	order a load of bisulfite. Hypo delivered on plant.
17			0	load of bisulfite delivered.
18			0.00	cleaned and hosed on #6 clarifier
19			0	cleaned and hosed on #6 clarifier
20			0	cleaned and hosed on #6 clarifier
21			0	
22			0	3A pump o/s for repairs
23			0	closed 120" gate, water company working on water lines.
24			0.10	cleaned and hosed on #6 and #3 clarifier
25			0.56	cleaned and hosed on #3 clar.
26			1.45	plant set up for hi flow/rain
27			0	
28			0	
29			0	screw conveyors o/s for repairs in screen building.
30			0	screw conveyors in screen building repaired and back i/s.
31			0	
Total			6.1	
Avg.			**0.20**	