MSD

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

January 22, 2008

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

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

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) for the West County Wastewater Treatment Plant, for the month of December 2007. The Whole Effluent Toxicity (WET) test for the fourth quarter has been electronically submitted. 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 0307.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

January 22, 2008

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

RE: West County Treatment Plant, KPDES No: KY0078956
Discharge Monitoring Report
December 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 December 2007. The Whole Effluent Toxicity (WET) test for the forth quarter has been electronically submitted. 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

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 LOCATION MSD WEST COUNTY STP
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

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	07	12	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) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		7.5	*******	*******	(19)	Ø	Daily	Grab
	PERMIT REQUIREMENT	*******	******* *** ****		2 INST MIN	*******	*******	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	41915	53295	(26)	*******	140	156	(19)	Ø	Daily	Comp.
	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) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6048	9008	(26)	*******	19.2	22.0	(19)	Ø	Daily	Comp.
	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	*******	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.2	*******	7.6	(12)	Ø	Daily	Grab
	PERMIT REQUIREMENT	*******	******* *** ****		6.0 MINIMUM	*******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	48214	61881	(26)	*******	161	168	(19)	Ø	Daily	Comp.
	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 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4690	6499	(26)	*******	14.9	15.6	(19)	Ø	Daily	Comp.
	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) 00610 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	2703	2855	(26)	*******	9.6	11.9	(19)	Ø	Daily	Comp.
	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
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. Rhodes
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
AREA CODE: 502
NUMBER: 540-6000

DATE
YEAR: 08
MO: 01
DAY: 22

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 LOCATION MSD WEST COUNTY STP
LOUISVILLE KY 40272
ATTN: ALEX E NOVAK, OPER MGR

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

KY0079954 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	07	12	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
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1745	2100	(26)	******	6.1	7.5	(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	2843	3168	(26)	******	7.9	10.9	(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	319	383	(26)	******	1.2	1.8	(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
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 9 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	36.5	69.3	(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	36.9	72.6	(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	******	******		******	******	<0.019	(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	4	(13)	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

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. Rus
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE 502 NUMBER 540-6000

DATE YEAR 08 MO 01 DAY 22

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)

KY0007895A	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	07	12	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	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
80D, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		85	*******	*******	(23)	Ø	1/31	Calc.
	PERMIT REQUIREMENT	*******	******* *** *****		85 MO AVG	*******	*******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		90	*******	*******	(23)	Ø	1/31	Calc.
	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			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.	H. J. Schardein	502	540-6000	08	01	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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.

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 B **DISCHARGE NUMBER**

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	12	01	TO	07	12	31

Form Approved.
OMB No. 2040-0004

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

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
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	******	******		******	<0.010 ~~<0.00~~ KDR	<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										
	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.

Keith D. Ross
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	NUMBER	DATE YEAR	MO	DAY
502	540-6000	08	01	22

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

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 LOCATION: MSD WEST COUNTY STP
LOUISVILLE KY 40272
ATTN: ALEX E NOVAK, OPER MGR

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0075954	001 Y

MAJOR
(SUBR LV)
F - FINAL
JEFFE
BIOMONITORING/METALS/QUARTERLY
EFFLUENT
*** NO DISCHARGE [ ] ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	12	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HARDNESS, TOTAL (AS CACO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	281	281	(19)	Ø	Qtrly.	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB-2
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.034	0.034	(19)	Ø	Qtrly.	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB-2
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	<0.0001	<0.0001	(19)	Ø	Qtrly.	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB-2
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	<0.005	<0.005	(19)	Ø	Qtrly.	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB-2
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.010	0.010	(19)	Ø	Qtrly.	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB-2
TOXICITY, FINAL CONC TOXICITY UNITS 51406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	<1.00	(2F)	Ø	Qtrly.	Grab
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	*******	1.00 ACUTE DAILY MX	TOXCTY		QTRLY	GRAB-2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	502	540-6000	08	01	22
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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: December — 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	20.93			7.3	7.2					7.5		222		10				148		10		3710				1620	1310	120.0	0.07				0.01	6.33	3
2	37.62			7.4	7.4					8.6		192		14				131		16		4620				2280	1800	100.0	0.04			8.52	0.01	6.16	6
3	34.91			7.2	7.1					9.2		123		13				106		15		5440				1080	810	70.0	0.06				0.01	4.20	1
4	30.33			7.4	7.3					8.5		144		11				136		13		4240				1560	1200	100.0	0.06		1.36		0.01	4.76	2
5	23.85			7.3	7.3					8.6		196		11				128		12		4170				1540	1170	90.0	0.06				0.01	5.82	1
6	22.45			7.4	7.3					8.5		158		12				130		14		4160				1860	1430	90.0	0.05				0.01	6.33	2
7	22.35			7.4	7.0					8.5		118		11				123		15		3940				1670	1250	90.0	0.05				0.01	6.00	2
8	32.26			7.1	7.1					8.5		164		18				153		22		4940				1550	1170	80.0	0.05				0.01	6.00	4
9	49.96			7.4	7.4					8.8		150		22				116		22		4630				1300	1030	80.0	0.06			6.97	0.01	4.42	4
10	47.41			7.3	6.8					10.0		84		17				72		15		3350				1080	800	60.0	0.06				0.01	3.08	1
11	39.66			7.3	7.2					9.0		186		13				167		17		2040				830	620	50.0	0.06		0.92		0.01	4.31	1
12	41.40			7.2	7.3					8.9		180		11				166		16		3130				970	760	60.0	0.06				0.01	4.87	1
13	61.60			7.2	7.2					9.9		121		17				104		19		3410				1070	840	60.0	0.06				0.01	3.86	1
14	37.46			7.1	7.2					10.0		162		12				157		18		2720				735	555	50.0	0.07				0.01	3.92	1
15	69.86			7.1	7.3					11.0		166		18				134		18		3300				1170	905	60.0	0.05				0.01	4.14	2
16	72.63			7.1	7.2					9.4		63		17				57		27		2790				625	445	50.0	0.08			5.23	0.01	2.97	2
17	44.71			7.1	7.2					9.0		224		18				204		26		2140				505	380	50.0	0.10				0.01	5.43	2
18	37.46			7.0	7.1					9.5		123		11				116		16		3390				1200	920	60.0	0.05		0.78		0.01	5.49	5
19	39.97			7.2	7.1					8.7		120		13				110		19		3160				1105	840	70.0	0.06				0.01	6.83	1
20	35.18			7.2	7.1					7.9		302		16				235		27		3280				1180	865	70.0	0.06				0.01	8.18	2
21	41.47			7.0	7.1					9.8		138		16				123		21		5210				1275	950	80.0	0.06				0.01	6.00	1
22	34.09			7.2	7.1					8.8		174		14				146		20		4760				1510	1140	80.0	0.05				0.01	7.00	3
23	38.84			7.0	7.1					8.6		208		17				168		23		5390				1390	1070	100.0	0.07				0.01	6.16	4
24	32.01			7.2	7.2					8.6		148		14				163		20		4850				1710	1270	90.0	0.05				0.01	6.00	1
25	28.89			7.1	7.1					8.9		168		13				152		18		4600				1780	1360	100.0	0.06			10.90	0.01	8.23	30
26	26.79			7.2	7.4					8.4		156		14				139		19		5220				1580	1190	100.0	0.06				0.01	9.07	1
27	25.50			7.0	7.3					9.0		151		14				150		18		5050				1690	1240	100.0	0.06		1.80		0.01	8.51	4
28	32.04			7.2	7.3					8.7		169		22				172		24		4900				1550	1240	100.0	0.06				0.01	7.78	19
29	30.04			7.3	7.3					8.5		168		19				165		27		5300				1410	1040	90.0	0.06				0.01	8.01	2
30	26.88			7.3	7.3					8.5		198		19				136		24		5820				1900	1480	90.0	0.05				0.01	9.00	4
31	26.09			7.3	7.1					8.2		140		18				145		24		4770				1560	1180	100.0	0.06				0.01	9.00	3
Total	#####	0	0																		0.0		0.0												
Avg.	**36.92**			**7.2**	**7.2**					**8.9**		**162**		**15**				**140**		**19**		**4142.9**				**1364.03**	**1040.65**	**80.32**	**0**		**1.21**	**7.91**	**0.01**	**6.06**	2

Total Number of Sewer Connections: 0

Residential Connections:

Commercial Connections:

Industrial Connections:

Sewer Connections X 4 = 0

Industrial Waste Population Equivalent

Flow	BOD	TSS
351656	254303	237274

Operator: Stephen Patterson

Cert. #: 5879

Phone #: 502-540-6042

NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: December 2007
Average Flow 36.92 MGD

	Weather Data			
Date	High	Low	Rainfall	Remarks
1				
2				
3			1	PM - Equipment oil check. Maint. Pulled #2 scum pump for repair.
4				Cleaned screen building
5				Drained #2 screen channel to remove trash.
6				Contractor checking to install odor control at transfer holding tank.
7			0.51	Hypo delivery
8			0.33	
9			0.75	Storm flow 74MGD
10			0.24	
11			0.31	PM on RAS pumps
12			0.84	Turned on defoamer at eff channel
13			0.01	Put #6 clarifer in service
14			0.02	
15			2.72	Took #6 clarifer out of service
16			0.02	Plant set up for storm flow 61MGD.
17				
18				
19				
20				Contractor cleaned and cleared drain line on #6 clarifier.
21			0.84	
22				Elect. Checked wiring on clarifiers
23			0.38	Inst.Tech PM Eff samplers
24				Cleaned screen building
25				
26				
27			0.16	
28			0.25	
29				Elect.repaired coupling falure on 2-B inf, pump
30				Elect repaired boiler in pump building
31			0.28	Elect repaired lights in w-2 building
Total			8.66	
Avg.			**0.54**	

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Dec 01, 2007 12:00 AM thru Dec 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	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	729775	12/13/07 06:20 AM	SINGLETON	PORTER JR	D	12/16/00	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	12/13/07 12:00 PM

Spot Inspections:

Discharge Amount:	250 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD PERSONNEL CLEANED & SANITIZED IMPACTED AREA
Control Zone:	TEMPORARY SIGNS AND DOOR HANGERS WERE PLACED.
Impact:	NO VISUAL IMPACT OBSERVED.
Repair:	HAULED TO PREVENT BACKUPS

Notifications:

12/13/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov
12/13/07 06:20 AM	Temporary signs and door hangers were placed.
12/13/07 12:59 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Dec 01, 2007 12:00 AM thru Dec 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	MSD1010-PS	5007 LEA ANN WAY	LEA ANN WAY	NORTHERN DITCH	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	730374	12/15/07 03:10 PM	ELDER	LAMBDIN JR	D	12/15/07	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	12/16/07 07:00 AM

Spot Inspections:

Discharge Amount:	1,995,000 GAL
Cause:	LACK OF CAPACITY, RAIN EVENT IN AREA
Clean Up:	CLEAN UP NOT FEASABLE, TEMPORARY SIGNS POSTED & LIMED AREA 12/16, VACTORED CREEK BANKS.
Control Zone:	TEMP SIGNS POSTED
Impact:	STREAM DISCOLORATION
Repair:	WILL BE MONITORED & EVALUATED FOR REPAIR

Notifications:

12/15/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov
12/15/07 12:59 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov
12/16/07 03:35 PM	TEMPORARY SIGNS POSTED & LIMED AREA 12/16, Vactored creek banks.

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Dec 01, 2007 12:00 AM thru Dec 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	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	730392	12/15/07 05:35 PM	ELDER	BOARD	D	10/23/07	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	12/16/07 02:00 AM

Spot Inspections:

Discharge Amount:	5,050 GAL
Cause:	LACK OF CAPACITY, RAIN EVENT IN AREA
Clean Up:	TEMPORARY SIGNS POSTED & LIMED AREA 12/16
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	SEWAGE & DEBRIS RAKED & BAGGED
Repair:	THE SOLUTION FOR THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN TO BE SUBMITTED BY 12/31/08

Notifications:

12/15/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov
12/15/07 12:59 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov
12/16/07 03:28 PM	TEMPORARY SIGNS POSTED & LIMED AREA 12/16

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Dec 01, 2007 12:00 AM thru Dec 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	92099	7801 EDSELLN			

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	730401	12/15/07 08:44 PM	ELDER	TUTTLE			ELECTRICAL PROBLEMS AT MSD	DISCHARGE TO WATERS OF THE US	12/15/07 09:00 PM

Spot Inspections:

Discharge Amount:	250 GAL
Cause:	ELECTRICAL FAILURE, BREAKER TRIPPED # 1 PUMP
Clean Up:	CLEAN UP NOT FEASIBLE AT THIS TIME
Control Zone:	NO CONTROL ZONE DISCHARGE WAS IN A CONTAINED AREA
Impact:	NO VISUAL IMPACT OBSERVED
Repair:	RESET BREAKER#1 PUMP, RESTORED PUMP TO SERVICE

Notifications:

12/15/07 12:58 PM	Email notification of unauthorized discharge sent to Ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Dec 01, 2007 12:00 AM thru Dec 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	60679	9114 CINDERELLA LN		FISHPOOL CREEK	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	730368	12/15/07 01:00 PM	ELDER	BOARD	D	12/15/07	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	12/16/07 02:30 AM

Spot Inspections:

Discharge Amount:	8,100 GAL
Cause:	LACK OF CAPACITY, RAIN EVENT IN AREA
Clean Up:	CLEANUP NOT FEASABLE AT THIS TIME. TEMPORARY SIGNS POSTED & LIMED AREA 12/16
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	DILUTED SEWAGE FLOWING INTO STREAM.
Repair:	SITE FOUND DURING RAIN EVENTRECON. WILL BE MONITORED AND EVALUATED FOR REPAIR.

Notifications:

12/15/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov
12/15/07 12:59 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov
12/16/07 03:32 PM	TEMPORARY SIGNS POSTED & LIMED AREA 12/16

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Dec 01, 2007 12:00 AM thru Dec 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
SMN Sewer Main	49940-AG	4901 MUD LN		FISH POOL CREEK	DITCH

Activity Code / Description	WO #.	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISDW: DRY WEATHER DISCHARGE	729550	12/12/07 01:45 PM	ELDER	MAPP	R	12/12/07	UTILITY DAMAGED MSDASSET	DISCHARGE TO WATERS OF THE US	12/12/07 02:30 PM

Spot Inspections:

Discharge Amount:	500 GAL
Cause:	SOUTHERN PIPE LINE CONTRACTOR DIGGING WITH BACKHOE, DUG UP FORCE MAIN
Clean Up:	CLEANUP NOT FEASIBLE, LIME AREA AFFECTED
Control Zone:	PLACED TEMPORARY SIGNS & DOOR HANGERS
Impact:	NO VISUAL IMPACT OBSERVED BY MSD PERSONNEL
Repair:	SOUTHERN PIPE CNT. MAKING REPAIRS TO DAMAGED FORCE MAIN

Notifications:

12/12/07 04:04 PM	Temporary signs around affected area. Door hangers on Apartment units 1-6 @ 10800 & units 1-6 @ 10810 Southgate Manor Dr.
12/12/07 12:59 PM	Email notification of unauthorized discharge sent to Ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Dec 01, 2007 12:00 AM thru Dec 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	04899-W	1714 LAMKINS CT		MILL CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	730385	12/15/07 11:40 AM	ELDER	LAMBDIN JR	D	12/15/07	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	12/16/07 01:30 AM

Spot Inspections:

Discharge Amount:	0 GAL
Cause:	LACK OF CAPACITY, RAIN EVENT IN AREA
Clean Up:	CLEAN UP NOT FEASABLE AT THIS TIME. TEMPORARY SIGNS & LIMED AREA 12/16
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	SEWAGE & DEBRIS RAKED & BAGGED WET WELL UNDER WATER, NO WAY TO ESTIMATE DISCHARGE.
Repair:	SITE FOUND DURING RAIN EVENT RECON. WILL BE MONITORED AND EVALUATED FOR REPAIR

Notifications:

12/15/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov
12/15/07 12:59 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov
12/16/07 03:27 PM	Temporary signs posted & Limed area.

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Dec 01, 2007 12:00 AM thru Dec 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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	730381	12/15/07 04:10 PM	ELDER	LAMBDINJR	D	12/15/07	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	12/15/07 07:35 PM

Spot Inspections:

Discharge Amount:	141,000 GAL
Cause:	LACK OF CAPACITY, RAIN EVENT IN AREA
Clean Up:	CLEAN UP NOT FEASABLE AT THIS TIME.TEMPORARY SIGNS & LIMED AREA 12/16
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	SEWAGE & DEBRIS ON GROUND
Repair:	HAULED TO PREVENT FURTHER DISCHARGE

Notifications:

12/15/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov
12/15/07 12:59 PM	Email notification of unauthorized discharge sent to Ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov
12/16/07 03:25 PM	Temporary signs posted & Limed area

MSD Louisville and Jefferson County Metropolitan Sewer District

IMSAST0004
DischargeReport
Dec 01, 2007 12:00 AM thru Dec 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	04542	3434 FERN LEA RD		HEATHERFIELD DITCH	DITCH

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	730379	12/15/07 12:35 PM	ELDER	LAMBDIN JR	D	12/15/07	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	12/15/07 01:45 PM

Spot Inspections:

Discharge Amount:	42,000 GAL
Cause:	LACK OF CAPACITY, RAIN EVENT IN AREA
Clean Up:	CLEAN UP NOT FEASABLE AT THIS TIME. TEMPORARY SIGNS POSTED & LIMED AREA 12/16
Control Zone:	TEMP. SIGNS POSTED
Impact:	DILUTED SEWAGE FLOWING TO ROAD SIDE DITCH
Repair:	STATION HAULED TO PREVENT FURTHER DISCHARGE

Notifications:

12/15/07 12:59 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky .gov
12/16/07 03:29 PM	TEMPORARY SIGNS POSTED & LIMED AREA 12/16