



MSD

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

October 8, 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
September 2007

Dear Ms. Thurman:

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

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



*Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com*



MSD

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

October 8, 2007

Mr. A. Charles Clark, Environmental Scientist
Whole Effluent Toxicity Program
Water Quality Branch
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

RE: West County Treatment Plant, KPDES No: KY0078956
Third Quarter Biomonitoring Report 2007

Dear Mr. A. Charles Clark,

Attached is the third quarter Biomonitoring Report for West County Treatment Plant.

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



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Louisville Kentucky 40203-1911
502-540-6000
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October 8, 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
September 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 September 2007. Also enclosed is the Whole Effluent Toxicity (WET) test for the third quarter.

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



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NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: September 2007
 Average Flow 16.56 MGD

Date	Weather Data		Rainfall	Remarks
	High	Low		
1				Hypo delivery. Reset 1-B and 2-B Inf. Pumps.
2				
3				Reset 1-B and 2-B pumps.
4				PM algae sweeps
5				
6				Cleaned grit building
7				Hosed #2 clarifier.
8			0.61	PM RAS pumps, security fence.
9				Cleaned screen area.
10				
11				Maint. Installed new algae sweep brushes on #1 clarifier.
12				Valved out #1 hypo tank due to small leak at flange.
13				Repaired #3 RAS seal water drain line.
14				
15				Inst. Tech PM DO probe. Maint repaired #1 Hypo tank.
16				
17				Maint. Replaced algae sweep brushes on #2 clarifier. Draining south contact.
18				
19				Maint. Replaced algae sweep brushes on #5 clarifier.
20				1-B Inf. Pump taken out of service due to vibration.
21				Valved out 4-B for seal water repair. Contractor cleaned south contact.
22				
23				
24				Test ran 4-B for maint. Check. Locked out and tagged for repairs.
25				PM odor control and chemical unloading.
26			0.84	
27				
28				Contractor at pump building checking vibration on 1-B with maint.
29				Hypo delivery.
30				
31				
Total			1.45	
Avg.			0.73	

Name of Sewage Treatment Plant: West County WTP County: Jefferson Month of: September 2007
 KPDES Permit Number: KY0078956 Plant Capacity: 30 MGD Receiving Stream: Ohio River

Date	Total Flow (MG)	Raw Sewage		pH		Settleable Solids (mL/L)			Dissolved Oxygen (mg/L)			Suspended Solids (mg/L)			Total Solids (mg/L)			5-day BOD (mg/L)			Activated Sludge			Aeration Basin					Dig Sludge		Final				
		Grit Removed (cu. ft.)	Screenings (cu. ft.)	Raw	Final	Raw	Primary (or Sec.)	Final	Stream Above	Final	Stream Below	Raw	Primary (or Sec.)	Final	Raw	Primary (or Sec.)	Final	Raw	Primary (or Sec.)	Final	Million Gal/Day	MLSS mg/L X 1000	Gal/Day X 1000	Dissolved Oxygen (mg/L) #1	Dissolved Oxygen (mg/L) #2	MLSS (mg/L) X 1000 #1	MLVSS (mg/L) X 1000 #1	30 min. Setts.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col/100ml
1	15.41			6.4	7.4					6.0			328			8	201	10	3650						1180	980	80.0	0.07				0.01	10.00	15	
2	15.84			7.2	7.3					5.4			278			6	178	15	3760						1480	1160	80.0	0.05				0.01	10.00	1	
3	16.58			7.4	7.3					5.5			300			8	259	17	3550						1440	1160	80.0	0.06			13.20	0.01	10.50	14	
4	16.07			7.1	7.2					6.6			198			6	207	16	3680						1320	1040	90.0	0.07	2.20		0.01	10.90	10		
5	16.31			7.3	7.0					6.7			198			6	204	12	3690						1260	1000	90.0	0.07			0.01	9.74	4		
6	16.48			7.2	7.2					6.4			202			6	221	10	3950						1390	1100	90.0	0.06			0.01	9.30	2		
7	18.74			7.2	7.2					6.4			244			7	218	11	3840						1180	960	90.0	0.08			0.01	9.52	8		
8	0.00			7.1	7.1								172			6	91	8	3670						1260	990	90.0	0.07			0.01	9.02	1		
9	16.25			7.1	7.1					5.7			232			8	213	17	3090						1010	800	80.0	0.08			11.20	0.01	9.18	4	
10	18.39			7.3	7.2					6.7			206			8	190	14	4300						1450	1150	90.0	0.06			0.01	7.73	5		
11	17.40			7.0	7.1					6.1			228			7	194	14	4040						1320	1040	100.0	0.08	1.80		0.01	8.51	2		
12	0.00			7.3	7.2								232			6	209	13	4110						1450	1140	100.0	0.07			0.01	7.22	2		
13	16.18			7.2	7.2					6.0			202			8	182	9	3630						1550	1190	100.0	0.06			0.01	7.00	3		
14	15.43			7.2	7.1					6.1			222			6	184	9	3810						1870	1450	100.0	0.05			0.01	7.00	3		
15	15.86			7.3	7.4					5.7			210			7	193	11	3790						1520	1180	100.0	0.07			0.01	7.00	6		
16	15.73			7.3	7.4					4.9			206			5	211	14	3560						1660	1220	100.0	0.06			0.01	8.00	3		
17	16.62			7.2	7.2					7.1			196			5	193	18	3560						1670	1270	100.0	0.06			0.01	8.00	1		
18	15.84			7.2	7.1					6.4			204			5	167	13	3550						1590	1210	100.0	0.06	2.10		0.01	7.56	1		
19	15.85			7.2	7.2					6.1			222			6	211	12	3140						1600	1230	90.0	0.06			0.01	8.57	1		
20	15.55			7.4	7.1					6.4			234			7	177	13	3220						1360	1080	90.0	0.07			10.30	0.01	9.13	11	
21	0.00			7.3	7.1					6.5			274			7	182	8	3220						1490	1210	80.0	0.05			0.01	8.85	1		
22	15.43			7.3	7.3					6.0			218			8	185	11	2930						1340	1060	80.0	0.06			0.01	9.30	1		
23	16.16			7.1	7.3					5.7			218			9	188	19	2750						1280	1000	80.0	0.06			12.60	0.01	10.20	1	
24	16.28			7.3	7.1					5.7			230			8	187	19	2810						1270	970	60.0	0.05			0.01	10.50	3		
25	16.22			7.3	7.3					6.1			254			7	205	14	3120						1390	1070	70.0	0.05	2.40		0.01	9.91	1		
26	16.63			7.2	7.2					6.0			162			6	177	13	2850						1370	1090	60.0	0.04			0.01	9.80	5		
27	21.16			7.2	7.2					5.9			476			8	287	14	3280						2000	1650	50.0	0.03			0.01	9.86	1		
28	16.76			7.2	7.2					6.3			208			7	180	15	3410						1340	1040	60.0	0.04			0.01	8.00	1		
29	16.68			7.2	7.4					5.6			468			7	294	13	2960						1300	1000	70.0	0.05			0.01	9.00	5		
30	17.23			7.3	7.5					5.0			382			10	287	20	3210						1520	1190	80.0	0.05			11.20	0.01	10.00	11	
31	0.00																																		
Total	447.1	0	0															0.0	0.0																
Avg.	14.42			7.2	7.2					6.0			247			7	203	13	3471.0						1428.67	1121.00	84.33		2.13	11.70	0.01	8.98	3		

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent _____ Operator: Steve Patterson
 Residential Connections: _____
 Commercial Connections: _____ Flow: 137352 BOD: 143273 TSS: 141356 Cert. #: 5879
 Industrial Connections: _____
 Sewer Connections X 4 = 0 Phone #: (502) 540-6042

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

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

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

KY007B956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	09	30

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 (DD) 00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	4.9	*****	*****	(19)		Daily Grab	
BOD, 5-DAY (20 DEG. C) 00310 8 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	(19)		Daily Comp.	
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MD AVG	11259 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	(19)		Daily Comp.	
PH	PERMIT REQUIREMENT	*****	*****	*****	7.0	*****	7.5	(12)		Daily Grab	
SOLIDS, TOTAL SUSPENDED 00530 8 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	(19)		Daily Comp.	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MD AVG	11259 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	(19)		Daily Comp.	
NITROGEN, AMMONIA TOTAL (AS N) 00610 8 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	(19)		Daily Comp.	
	PERMIT REQUIREMENT	7506 MD AVG	11259 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	(19)		Daily Comp.	

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
Kent D. Rees

TELEPHONE
502-540-6000
DATE
07 10 08

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)

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

MAJOR
(SUDR LV)
F - FINAL

JEFFE

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

KY0078756
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE 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				
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	1236	1373	(26)	*****	9.0	10.0	(19)	*****	20	30	MG/L	☐ Daily Comp.
	PERMIT REQUIREMENT	5004 MD AVG	7506 MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L				DAILY COMPOS
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	1597	1825	(26)	*****	11.7	13.2	(19)	*****	REPORT MD AVG	REPORT MX WK AV	MG/L	☐ WK Comp.
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L				WEEKLY COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	290	325	(26)	*****	2.13	2.40	(19)	*****	REPORT MD AVG	REPORT MX WK AV	MG/L	☐ WK Comp.
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L				WEEKLY COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 9 0 0 RAW SEW/INFLUENT	17.0	24.0	(03)	*****	*****	*****		*****	*****	*****		☐ C/N C/N
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****	*****	*****		CONTINCONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	16.5	21.2	(03)	*****	*****	*****		*****	*****	*****		☐ C/N C/N
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****	*****	*****		CONTINCONTINUOUS
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	*****	*****		*****	*****	<0.019	(19)	*****	*****	0.019	MG/L	☐ Daily Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX	MG/L	*****	*****	*****		DAILY GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****		*****	2.7	5.4	(13)	*****	200	400	*/	☐ Daily Grab
	PERMIT REQUIREMENT	*****	*****	*****	30DA GED	7 DA GED	100ML	*****	*****	*****		DAILY GRAB

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

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive Officer or Authorized Agent
Kurt D. Pies
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502-540-6000
DATE: 10 08
AREA CODE: 502
NUMBER: 540-6000
YEAR: 10
MO: 08
DAY: 08

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
 4522 ALCONQUIN 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)

KYD078956 PERMIT NUMBER
 001 2 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

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			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		93	*****	*****	(23)		1/30	Calc.
BIOLOGICAL PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	85 MD AVG	*****	*****	PER-CENT		1/30	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		97	*****	*****	(23)		1/30	Calc.
BIOLOGICAL PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	85 MD MIN	*****	*****	PER-CENT		1/30	CALC'D
	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. Pies
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000
 DATE 10/08
 AREA CODE NUMBER YEAR MO DAY

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

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

MAJOR
(SUBR LV)

F - FINAL

REASONABLE POTENTIAL

EFFLUENT

*** NO DISCHARGE 1 [] ***

NOTE: Read Instructions before completing this form.

JEFFE

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

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

KY007B956
PERMIT NUMBER

001 R
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	09	01		07	09	30

FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272

ATTN: ALEX E NOVAK, OPER MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.010	<0.010	(19)		1/30	Comp.
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MU AVG	REPORT DAILY MX	MG/L		1/30	COMPLS MONTH
	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.

Kear D. Rice
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000
DATE 10 08
AREA CODE NUMBER YEAR MO DAY

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

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

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

*** NO DISCHARGE 1 [] ***

NOTE: Read Instructions before completing this form.

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

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

KY0078956
PERMIT NUMBER

001 Y
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

PARAMETER	SAMPLE MEASUREMENT	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	*****	*****		*****	255	255	(19)	Ø	Qtrly	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.033	0.033	(17)	Ø	Qtrly	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.001	<0.001	(17)	Ø	Qtrly	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	(17)	Ø	Qtrly	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
COPPER TOTAL RECOVERABLE 01117 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.004	0.004	(17)	Ø	Qtrly	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
TOXICITY, FINAL CONC TOXICITY UNITS 01406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	< 1.00	< 1.00	(2F)	Ø	Qtrly	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	1.00 ACUTE DAILY MX	TOXCTY				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

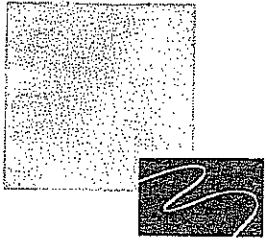
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Scharlein
Exec. Director
TYPED OR PRINTED

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.

Handwritten Signature
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
502 540-6000 07 10 08
AREA CODE NUMBER YEAR MO DAY

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



**Acute Toxicity Evaluation
for the
MSD – West County
Wastewater Treatment Plant**

August 2007

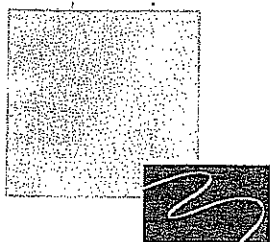
Prepared by:

Beckmar Environmental Laboratory
Biomonitoring Department
3251 Ruckriegel Parkway
Louisville, KY. 40299
(502) 266-6533

Submitted to:

Mr. Kevin Ries
West County Wastewater Treatment Plant
700 West Liberty St.
Louisville, KY. 40203

Released by: *Amanda L. Spalding*
Biomonitoring QA Officer 9-13-07



Summary

Acute toxicity testing was performed on final effluent samples collected August 28 and 29, 2007 from the MSD West County Wastewater Treatment Plant. Testing was performed August 29 through 31, 2007 and upon termination, the following conclusions were reached:

For the 48-hour *Ceriodaphnia dubia* survival test, the LC₅₀ for survival for samples "A" and "B" was greater than 100% effluent, generating an acute toxicity value of less than 1.00 TU_a (TU_a=100/LC₅₀).

For the 48-hour *Pimephales promelas* survival test, the LC₅₀ for survival for samples "A" and "B" was greater than 100% effluent, generating an acute toxicity value of less than 1.00 TU_a (TU_a=100/LC₅₀).

Introduction

At the request of Mr. Kevin Ries, acute toxicity testing was performed on two grab effluent samples collected August 28 and 29, 2007 from the MSD West County Wastewater Treatment Plant in Louisville, KY. Metals analyses were also performed on effluent samples collected during the same time period. Information concerning plant and laboratory conditions can be found on the following pages.

The acute toxicity testing was performed in accordance with the US EPA methodology as defined in the US EPA manual "Methods for Measuring the Acute Toxicity of Effluents and Receiving Waters to Freshwater and Marine Organisms" fifth edition, 2002 (EPA-821-R-02-012). The acute toxicity tests were performed in order to ascertain the LC₅₀ values for *Ceriodaphnia dubia* and *Pimephales promelas* survival.



Date of Issue: September 10, 2007

Page 1 of 1

Metropolitan Sewer District c/o Mr. Kevin Ries
700 West Liberty St.
Louisville, KY 40203-1913

RE: Analysis results for: West County WWTP: Biomonitoring metals/hardness.

BECKMAR CERTIFICATE OF ANALYSIS # 188973

Sample Date: 8/29/2007

Sample Time: 8:00

Sampled by: Client

Parameter	Results	Units	Type	Method	Analyzed Date / Time	Analyst
Hardness (T)	255	mg/l	C	EPA 130.2	9/10/2007 12:00	PJB
Cadmium (TR)	< 0.001	mg/l	C	EPA 200.7	8/30/2007 10:40	ALS
Cadmium (D)	< 0.001	mg/l	C	EPA 200.7	8/30/2007 10:40	ALS
Copper (TR)	0.004	mg/l	C	EPA 200.7	8/30/2007 10:40	ALS
Copper (D)	0.004	mg/l	C	EPA 200.7	8/30/2007 10:40	ALS
Lead (TR)	< 0.005	mg/l	C	EPA 200.7	8/30/2007 10:40	ALS
Lead (D)	< 0.005	mg/l	C	EPA 200.7	8/30/2007 10:40	ALS
Zinc (TR)	0.0328	mg/l	C	EPA 200.7	8/30/2007 10:40	ALS
Zinc (D)	0.0328	mg/l	C	EPA 200.7	8/30/2007 10:40	ALS

Remarks:

If you have any questions please call.

Thank you,

Joe P. Carney
Quality Control Officer

JPC:dwt

ENVIRONMENTAL
LABORATORY

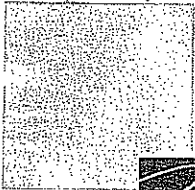
Jeffersontown Business Park

3251 Ruckriegel Parkway

Jeffersontown, KY 40299

502.266.6533

FAX 502.266.6446



Test Type: Acute X Screen
 Chronic Definitive X

TOXICITY TEST REPORT SHEET

1) Facility/Discharger: MSD West County WWTP Report Date: 9/11/2007

2) Address: 11601 Lower River Rd. Louisville, KY. 40272

3) NPDES Permit #: KY0078956 4) Receiving Stream: Ohio River @ mile 358.1

5) Facility Contact: Mr. Kevin Ries

6) Phone #: (502)-540-6031

7) Consultant/Testing Lab Name: Beckmar Environmental Laboratory

8) Lab Contact: Becky Barker Phone #: (502) 266-6533

9) Outfall(s) Tested: 1

10) Average Daily flow on day sampled (MGD) 1) na 2) na
 3) 4) 5) 6) 7)

11) Test Species: 1) Ceriodaphnia dubia 2) Pimephales promelas

12) Species Age: 1) < 24 hours 2) 7 days old

13) Organism Source: 1) lab culture 2) fish hatch 082207

14) Acclimation Procedures: 1) Reared at test conditions in synthetic water
 2) Reared at test conditions in synthetic water

15) Test Conditions: Static: X Static-Renewal:

16) Dilution Water Type (Synthetic, Receiving Stream) synthetic - mhs

17) Aeration? (Before Test/During Test/None): no

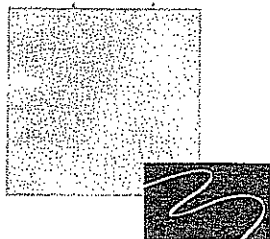
18) Dechlorination? no Original Chlorine Level: <0.01 mg/L

Rhonda Baker
 (Signature of person filling out form)

9/11/2007
 Date

Rhonda Baker
 Name (Typed or Printed)

Biologist
 Title



Materials and Methods

Sampling

Two effluent samples were collected 12 hours apart (Table I) and delivered to Beckmar Environmental Laboratory. Upon receipt, each sample went through standard log in procedures.

Control/Dilution Water

All chemicals used are reagent grade, obtained from Aldrich. 1.20 grams of CaSO_4 , 1.2 grams of MgSO_4 , 1.92 grams of NaHCO_3 , and 0.080 grams of KCl were dissolved in distilled water provided by a Barnstead Thermolyne distillation system and aerated for a minimum of 24 hours.

Test Containers

C. dubia tests were performed in 1 ounce plastic cups obtained from Plastics Inc. (St. Paul, MN). *Pimephales promelas* tests were performed in 600 mL plastic cups obtained from Liquor Outlet (Louisville, KY).

Toxicity Testing

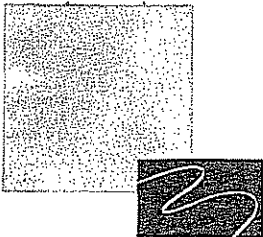
Samples were allowed to warm to room temperature (25°C) and were tested for residual chlorine immediately prior to dilution. Testing was then performed in accordance with US EPA methodology. Data was recorded on Beckmar generated lab sheets (Appendix I).

Chemical Analysis

All test dilutions as well as control/dilution water were tested to determine initial dissolved oxygen, temperature, and pH. At the end of 48 hours, the control/dilution water and test dilutions were again tested to determine final dissolved oxygen, temperature and pH. Also, specific conductance, hardness, and alkalinity analyses were performed on the initial control/dilution water and 100% effluent samples. Data was recorded on Beckmar generated lab sheet (Appendix I).

Statistical Analysis

Statistical data was generated using ToxCalc 5.0[®] (Tidepool Scientific software, McKinleyville, CA) and ToxStat[®] (USEPA, Cincinnati, OH) on a Pentium IV[®], computer using Windows 98[®] Operating System.



Additional Toxicity Test Information

- 1) Submit copies of all bench sheets and statistical calculations/printouts obtained during the test(s). Data must be presented in tabular form and must include all physical and/or chemical measurements recorded during the test (e.g. temperature, conductivity, total residual chlorine, dissolved oxygen, etc.).
- 2) Methods/Instrumentation used in chemical analysis:

Dissolved Oxygen/temperature:	YSI Model 52
PH:	Orion Model 720A
Conductivity:	Oakton CON 100 Series
Alkalinity:	Standard Methods Titration
Hardness:	Standard Methods Titration
Total Chlorine Residual:	Fisher-Porter Titration
EPA Acute/Chronic Manual:	5th Acute Edition, 2002
- 3) Indicate below any other relevant information that may aid in the evaluation of this report. Include any deviations from EPA methodology that was necessary for these tests as well as any sample manipulations that were performed, such as aeration, dechlorination with sodium thiosulfate, etc., and the justification for such manipulations or deviations. Attach additional pages as needed.
- 4) Sample temperature upon receipt may be greater than 4°C. Samples are picked up immediately after the final grab sample is collected. The samples are refrigerated; however it may be impossible to rapidly drop the effluent to 4°C.

TABLE I
Sampling Summary

Outfall	Sample Type	Volume	Collection Period	Rainfall	Sample Temp
1	Grab	2 gallon	08/28/07 @ 8:00 P.M.	NA	4.0 degrees C
	Grab	2 gallon	08/29/07 @ 8:00 A.M.	NA	4.0 degrees C

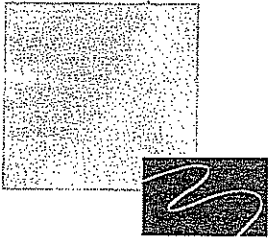
Dates/Times of Test Performance

Species #1: *Ceriodaphnia dubia*

Initiated: 08/29/07 @ 11:30 A.M.
 Terminated 08/31/07 @ 11:30 A.M.

Species #2: *Pimephales promelas*

Initiated: 08/29/07 @ 11:00 A.M.
 Terminated 08/31/07 @ 11:00 A.M.



Results

In sample "A", *Ceriodaphnia dubia* test exhibited 100% survival in the control, 100% survival in the 20% dilution, 100% survival in the 40% dilution, 100% survival in the 60% dilution, 100% survival in the 80% dilution, and 100% survival in the 100% dilution.

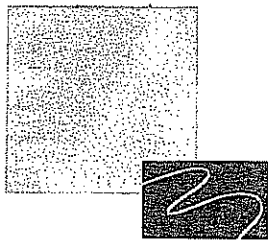
In sample "B", *Ceriodaphnia dubia* test ran exhibited 100% survival in the control, 100% survival in the 20% dilution, 100% survival in the 40% dilution, 95% survival in the 60% dilution, 100% survival in the 80% dilution, and 100% survival in the 100% dilution.

For the 48-hour *Ceriodaphnia dubia* survival test, the LC50s for survival for samples "A" and "B" were greater than 100% effluent, generating an acute toxicity value of less than 1.00 TUa.

In sample "A", the *Pimephales promelas* test ran exhibited 100% survival in the control, 100% survival in the 20% dilution, 100% survival in the 40% dilution, 100% survival in the 60% dilution, 100% survival in the 80% dilution, and 100% survival in the 100% dilution.

In sample "B", the *Pimephales promelas* test exhibited 100% survival in the control, 100% survival in the 20% dilution, 100% survival in the 40% dilution, 95% survival in the 60% dilution, 100% survival in the 80% dilution, and 95% survival in the 100% dilution.

For the 48-hour *Pimephales promelas* survival test, the LC50s for survival for samples "A" and "B" were greater than 100% effluent, generating an acute toxicity value of less than 1.00 TUa.



Appendix I

Ceriodaphnia dubia Data Sheets

Ceriodaphnia Survival and Reproduction Test-48 Hr Survival

Start Date: 8/29/2007	Test ID: westa0807	Sample ID: westa0807
End Date: 8/31/2007	Lab ID: 0044:beckmar environmental	Sample Type: EFF1-POTW
Sample Date: 8/28/2007	Protocol: EPAF 94-EPA Freshwater	Test Species: CD-Ceriodaphnia dubia
Comments: westco am cerio acute august 2007		

Conc-%	2	3	4
B-Control	1.0000	1.0000	1.0000
20	1.0000	1.0000	1.0000
40	1.0000	1.0000	1.0000
60	1.0000	1.0000	1.0000
80	1.0000	1.0000	1.0000
100	1.0000	1.0000	1.0000

Transform: Arcsin Square Root

Conc-%	Mean	N-Mean	Mean	Min	Max	CV%	N
B-Control	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4
20	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4
40	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4
60	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4
80	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4
100	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4

Auxiliary Tests

	Statistic	Critical	Skew	Kurt
Shapiro-Wilk's Test indicates normal distribution (p > 0.01)	1	0.884		
Equality of variance cannot be confirmed				

Grab # A

Toxicity Test Results

Results of *Ceriodaphnia dubia* 48 HR. ACUTE Toxicity Test
 (Genus) (Species) (Type / Duration)

Conducted: 08/29/07 -- 08/31/07 Using Effluent from Outfall # 1
 (mm/dd/yy) (mm/dd/yy)

"Capped"	Percent Survival (time intervals used:- DAY)								# of Young		Dry Weight	
	1	2	3	4	5	6	7	8	Total	Mean	Total	Mean
Control	100	100										
20% Effluent	100	100										
40% Effluent	100	100										
60% Effluent	100	100										
80% Effluent	100	100										
100% Effluent	100	100										
LC ₅₀ / IC ₂₅ Value: <u>>100%</u> 95% Confidence Limits UL: <u>na</u> LL: <u>na</u> UL = Upper Limit LL = Lower Limit								Calculated TU Estimate * <u><1.00 Tua</u> (indicate Aute / Chronic) Permit Limits: <u>1.00 Tua</u> (Indicate TU _a / TU _c)				
								If acute test, method used to determine LC50 and Confidence Limit Valued:				

Note: TU_a = 100/LC₅₀; TU_c = 100/IC₂₅

Reference Toxicant Test Results

Species	Date	Time	Duration	Toxicant	Results (LC ₅₀ / IC ₂₅)
<i>iodaphnia du</i>	08/22/07	6:30 P.M.	<u>48 hrs.</u>	<u>NaCl</u>	LC50=2.3042g/l

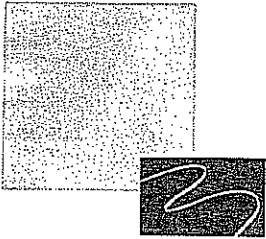
Ceriodaphnia Survival and Reproduction Test-48 Hr Survival

Start Date:	8/29/2007	Test ID:	westb0807	Sample ID:	westb0807
End Date:	8/31/2007	Lab ID:	0044:beckmar environmental	Sample Type:	EFF1-POTW
Sample Date:	8/29/2007	Protocol:	EPAF 94-EPA Freshwater	Test Species:	CD-Ceriodaphnia dubia
Comments:	westco pm cerio acute august 2007				

Conc-%	1	2	3	4
B-Control	1.0000	1.0000	1.0000	1.0000
20	1.0000	1.0000	1.0000	1.0000
40	1.0000	1.0000	1.0000	1.0000
60	1.0000	1.0000	1.0000	0.8000
80	1.0000	1.0000	1.0000	1.0000
100	1.0000	1.0000	1.0000	1.0000

Conc-%	Mean	N-Mean	Transform: Arcsin Square Root				N
			Mean	Min	Max	CV%	
B-Control	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4
20	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4
40	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4
60	0.9500	0.9500	1.2857	1.1071	1.3453	9.261	4
80	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4
100	1.0000	1.0000	1.3453	1.3453	1.3453	0.000	4

Auxiliary Tests	Statistic	Critical	Skew	Kurt
Shapiro-Wilk's Test indicates non-normal distribution (p <= 0.01)	0.46508	0.884	-3.0206	13.9892
Equality of variance cannot be confirmed				



Grab # B

Toxicity Test Results

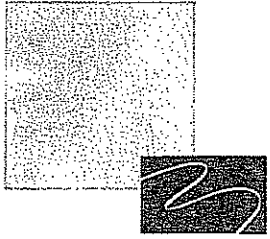
Results of *Ceriodaphnia dubia* 48 HR. ACUTE Toxicity Test
 (Genus) (Species) (Type / Duration)

Conducted: 08/29/07 -- 08/31/07 Using Effluent from Outfall # 1
 (mm/dd/yy) (mm/dd/yy)

"Capped"	Percent Survival (time intervals used:- DAY)								# of Young		Dry Weight	
	1	2	3	4	5	6	7	8	Total	Mean	Total	Mean
Control	100	100										
20% Effluent	100	100										
40% Effluent	100	100										
60% Effluent	100	95										
80% Effluent	100	100										
100% Effluent	100	100										
LC ₅₀ / IC ₂₅ Value: <u>>100%</u> 95% Confidence Limits UL: <u>na</u> LL: <u>na</u> UL = Upper Limit LL = Lower Limit								Calculated TU Estimate * <u><1.00 Tu_a</u> (indicate Acute / Chronic) Permit Limits: <u>1.00 Tu_a</u> (Indicate TU _a / TU _c)				
								If acute test, method used to determine LC50 and Confidence Limit Valued:				

Note: TU_a = 100/LC₅₀; TU_c = 100/IC₂₅

Reference Toxicant Test Results					
Species	Date	Time	Duration	Toxicant	Results (LC ₅₀ / IC ₂₅)
<i>iodaphnia du</i>	08/22/07	6:30 P.M.	<u>48 hrs.</u>	<u>NaCl</u>	LC50=2.3042g/l



Appendix II

Pimephales promelas
Data Sheets

Larval Fish Growth and Survival Test-48 Hr Survival

Start Date:	8/29/2007	Test ID:	westafh87	Sample ID:	westafh0807
End Date:	8/31/2007	Lab ID:	0044:beckmar environmental	Sample Type:	EFF1-POTW
Sample Date:	8/28/2007	Protocol:	EPAF 94-EPA Freshwater	Test Species:	PP-Pimephales promelas
Comments:	west.co am fhm acute august 2007				

Conc-%	Mean	N
B-Control	1.0000	2
20	1.0000	1.0000
40	1.0000	1.0000
60	1.0000	1.0000
80	1.0000	1.0000
100	1.0000	1.0000

Conc-%	Mean	N-Mean	Transform: Arcsin Square Root				CV%	N	Skew	Kurt
			Mean	Min	Max					
B-Control	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	2	0	20	
20	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	2	0	20	
40	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	2	0	20	
60	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	2	0	20	
80	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	2	0	20	
100	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	2	0	20	

Auxiliary Tests	Statistic	Critical	Skew	Kurt
Normality of the data set cannot be confirmed				
Equality of variance cannot be confirmed				

Grab # A

Toxicity Test Results

Results of *Pimephales* *promelas* 48 HR. ACUTE Toxicity Test
 (Genus) (Species) (Type / Duration)

Conducted: 08/29/07 -- 08/31/07 Using Effluent from Outfall # 1
 (mm/dd/yy) (mm/dd/yy)

Test Solution	Percent Survival (time intervals used:- DAY)								# of Young		Dry Weight	
	1	2	3	4	5	6	7	8	Total	Mean	Total	Mean
Control	100	100										
20% Effluent	100	100										
40% Effluent	100	100										
60% Effluent	100	100										
80% Effluent	100	100										
100% Effluent	100	100										
LC ₅₀ / IC ₂₅ Value: <u>> 100%</u> 95% Confidence Limits UL: <u>na</u> LL: <u>na</u> UL = Upper Limit LL = Lower Limit								Calculated TU Estimate * <u>< 1.0 Tua</u> (indicate Acute/Chronic) Permit Limits: <u>1.00 Tua</u> (Indicate TU _a / TU _c)				
								If acute test, method used to determine LC50 and Confidence Limit Valued:				

Note: TU_a = 100/LC₅₀; TU_c = 100/IC₂₅

Reference Toxicant Test Results

Species	Date	Time	Duration	Toxicant	Results (LC ₅₀ / IC ₂₅)
<i>Pimephales</i>	08/23/07	6:00 P.M.	<u>48 hrs.</u>	<u>NaCl</u>	LC50=7.1542g/l
<i>promelas</i>					

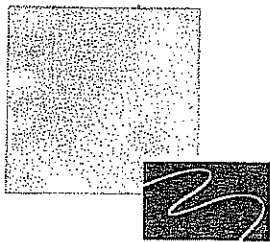
Larval Fish Growth and Survival Test-48 Hr Survival

Start Date:	8/29/2007	Test ID:	westbfh87	Sample ID:	westbfh0807
End Date:	8/31/2007	Lab ID:	0044:beckmar environmental	Sample Type:	EFF1-POTW
Sample Date:	8/29/2007	Protocol:	EPAF 94-EPA Freshwater	Test Species:	PP-Pimephales promelas
Comments:	west.co pm fhm acute august 2007				

Conc-%	Mean	N-Mean
B-Control	1.0000	1.0000
20	1.0000	1.0000
40	1.0000	1.0000
60	0.9000	1.0000
80	1.0000	1.0000
100	0.9000	1.0000

Conc-%	Mean	N-Mean	Transform: Arcsin Square Root				
			Mean	Min	Max	CV%	N
B-Control	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	2
20	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	2
40	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	2
60	0.9500	0.9500	1.3305	1.2490	1.4120	8.661	2
80	1.0000	1.0000	1.4120	1.4120	1.4120	0.000	2
100	0.9500	0.9500	1.3305	1.2490	1.4120	8.661	2

Auxiliary Tests	Statistic	Critical	Skew	Kurt
Normality of the data set cannot be confirmed				
Equality of variance cannot be confirmed				



Grab # B

Toxicity Test Results

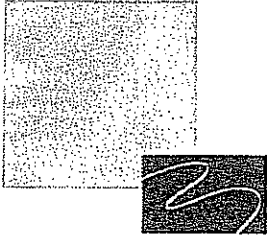
Results of *Pimephales promelas* 48 HR. ACUTE Toxicity Test
 (Genus) (Species) (Type / Duration)

Conducted: 08/29/07 -- 08/31/07 Using Effluent from Outfall # 1
 (mm/dd/yy) (mm/dd/yy)

Test Solution	Percent Survival (time intervals used:- DAY)								# of Young		Dry Weight	
	1	2	3	4	5	6	7	8	Total	Mean	Total	Mean
Control	100	100										
20% Effluent	100	100										
40% Effluent	100	100										
60% Effluent	100	95										
80% Effluent	100	100										
100% Effluent	100	95										
LC ₅₀ / IC ₂₅ Value: <u>> 100%</u> 95% Confidence Limits UL: <u>na</u> LL: <u>na</u> UL = Upper Limit LL = Lower Limit								Calculated TU Estimate * <u>< 1.0 Tu_a</u> (indicate Acute/Chronic) Permit Limits: <u>1.00 Tu_a</u> (Indicate TU _a / TU _c)				
								If acute test, method used to determine LC50 and Confidence Limit Valued:				

Note: TU_a = 100/LC₅₀; TU_c = 100/IC₂₅

Reference Toxicant Test Results					
Species	Date	Time	Duration	Toxicant	Results (LC ₅₀ / IC ₂₅)
<i>Pimephales</i>	08/23/07	6:00 P.M.	<u>48 hrs.</u>	<u>NaCl</u>	LC50=7.1542g/l
<i>promelas</i>					



Appendix III

Chain of Custody Data Sheets

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 3251 Ruckriegel Parkway
 Louisville, KY 40299
 (502) 266-6533
 Fax: (502) 266-6446
 www.beckmarlab.com

CHAIN OF CUSTODY

PAGE _____ OF _____



Beckmar

Client / Company Name: MUSD WEST COUNTY				Number of Containers	Sample Matrix	Tests / Analysis Requested													
Sampled by (print name): JN LTA						Signature:	P/O#:												
Beckmar ID #	Collection Date / Time		Sample Type																
188971	8-28-08	2000	G	EFF	1	WW													
188972	8-29-08	0800	G	EFF	1	WW													
188973																			
Relinquished by:				Received by:		Date:	Time: 9:30	FIELD DATA				LABORATORY DATA							
Relinquished by:				Received by:		Date:	Time:	Calibration ID:	pH	Temperature Received									
Relinquished by:				Received by:		Date:	Time:	D.O. _____ mg/l	Total Chlorine _____ mg/l	HNO ₃ _____ SU	H ₂ NO ₄ _____ SU								
Relinquished by:				Received by:		Date:	Time:	Temperature 4 °C	Free Chlorine _____ mg/l	NaOH _____ SU	UNP _____ SU								
Comments:						Sample Types: Composite (C); Grab (G)													
						Matrix Codes: DW = Drinking Water, WW = Wastewater, GW = Ground Water, SW = Surface Water, S = Soil, SI = Sludge													