



MSD

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

December 19, 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
November 2007

Dear Ms. Thurman:

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

If you have any questions concerning the attached DMR's, please contact me at (502)540-6031.

Sincerely,

Kevin D. Ries
Process Supervisor, West Region

KDR/West County 1206.doc

Enclosures

cc: P. Burgin
T. Singleton
R. Shaw



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



MSD

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

December 19, 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
November 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 November 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



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www.louisvillegreen.com*

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

MSD WEST COUNTY STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 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)

400076954
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL

Form Approved.
OMB No. 2040-0004

JEFF

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		5.6	*****	*****	(17)		Daily	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE											
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	29735	30688	(26)	*****	179.8	201.6	(17)		Daily	Comp.
00310 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		DAILY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LB/DY		MD AVG	MX WK AV				
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	1706	2468	(26)	*****	9.7	11.0	(17)		Daily	Comp.
00310 1 0 0	PERMIT REQUIREMENT	7506	11257		*****	30	45	MG/L		DAILY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LB/DY		MD AVG	MX WK AV				
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.5	(12)		Daily	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	BU		DAILY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	34981	37535	(26)	*****	214	240	(17)		Daily	Comp.
00500 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		DAILY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LB/DY		MD AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	908	1574	(26)	*****	5.2	6.9	(17)		Daily	Comp.
00530 1 0 0	PERMIT REQUIREMENT	7506	11257		*****	30	45	MG/L		DAILY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LB/DY		MD AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2804	2960	(26)	*****	17.1	19.6	(17)		Daily	Comp.
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		DAILY	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LB/DY		MD AVG	MX WK AV				

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.

Kenn D. Pres

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

562 540-6000

AREA CODE

DATE

07 12 19

YEAR

MO

DAY

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

USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

MSD WEST COUNTY STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
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)

WY0072954
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL

Form Approved.
OMB No. 2040-0004

JEFFE

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	998	1166	(26)	*****	6.6	6.7	(19)	8	Daily	Comp.
00610 1 0 0	PERMIT REQUIREMENT	5004 MD AVG	7508 MX WK AV	BS/DY	*****	20 MD AVG	30 MX WK AV	MG/L		DAILY	COMPOS
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1523	2129	(26)	*****	9.4	11.2	(19)	8	WK	Comp.
00625 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	BS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	272	361	(26)	*****	1.6	1.8	(19)	8	WK	Comp.
00645 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	BS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	21.2	42.7	(03)	*****	*****	*****		8	C/N	C/N
50050 9 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		CONTIN	CONTIN
RAW SEW/INFLUENT										UOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	20.6	42.1	(03)	*****	*****	*****		8	C/N	C/N
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		CONTIN	CONTIN
EFFLUENT GROSS VALUE										UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	40.019	(19)	8	Daily	Grab
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.019 DAILY MX	MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE											
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	3	4	(13)	8	Daily	Grab
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GED	400 #/ 7 DA GED	100ML		DAILY	GRAB
EFFLUENT GROSS VALUE											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE			
H.J. Schardein Exec. Director						562 540-6000		07	12	19	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			

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 CD MSD

4522 ALBONQUIN PARKY

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)

Form Approved,
OMB No. 2040-0004

KV0078954
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR

(SUBR LV)

F - FINAL

JEFFE

MUNICIPAL WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	11	01	FROM	07	11	30
			TO			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		94	*****	*****	(23)		1/30	Calc.
B1010 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	BS NO AVG	*****	*****	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		97	*****	*****	(23)		1/30	Calc.
B1011 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	BS NO MIN	*****	*****	PER-CENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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.

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

TELEPHONE
562 540-6000
DATE
07 12 19
AREA CODE NUMBER YEAR MO DAY

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

USE NO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

MSD WEST COUNTY STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY

LOUISVILLE KY 40211-2477

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)

WYD078956
PERMIT NUMBER

001 R
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL

Form Approved.
OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

REASONABLE POTENTIAL
EFFLUENT

*** NO DISCHARGE 1 1 ***

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	(17)		1/30	Comp.
01002 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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.

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

TELEPHONE
562 540-6000
DATE
07 12 19
AREA CODE NUMBER YEAR MO DAY

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

Name of Sewage Treatment Plant: West County WTP County: Jefferson Month of: November 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 Gall/Day	MLSS mg/L X 1000	WAS	Gall/Day X 1000 Dissolved	Oxygen (mg/L) #1	Oxygen (mg/L) #2	MLSS (mg/L) X 1000 #1	MLVSS (mg/L) X 1000 #1	30 min. Settle.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col./100ml	
1	19.11			7.5	7.2				7.6			226		5				189		8		3430					1590	1170	90.0	0.06				0.01	6.22	5	
2	18.22			7.3	7.2				7.5			232		4				178		9		3940					1810	1290	100.0	0.06				0.01	5.99	2	
3	18.44			7.3	7.4				7.0			166		5				164		9		3880					1670	1200	100.0	0.06				0.01	6.38	1	
4	18.95			7.3	7.5				7.0			236		5				257		10		3700					1890	1390	110.0	0.06			8.52	0.01	6.78	3	
5	18.08			7.3	7.2				7.9			224		5				193		10		3620					1700	1170	100.0	0.06				0.01	6.16	40	
6	18.73			7.5	7.2				8.4			244		4				193		9		3750					1740	1310	110.0	0.06	1.80			0.01	5.82	3	
7	17.53			7.3	7.3				7.9			226		4				189		8		3820					1780	1310	110.0	0.06				0.01	5.82	3	
8	16.91			7.4	7.2				7.7			212		3				194		8		3850					1870	1460	100.0	0.05				0.01	6.27	1	
9	15.92			7.2	7.2				7.7			220		5				183		10		4350					1680	1210	100.0	0.06				0.01	6.00	1	
10	18.19			7.3	7.3				7.1			214		6				191		14		3890					1720	1280	110.0	0.06				0.01	8.00	14	
11	16.82			7.3	7.4				6.5			200		7				212		11		3400					1780	1300	100.0	0.06			10.30	0.01	7.78	2	
12	17.74			7.2	7.3				7.6			200		5				194		10		3670					1840	1360	110.0	0.06				0.01	6.89	4	
13	17.93			7.3	7.3				7.9			252		3				206		11		3410					1670	1270	110.0	0.07	1.80			0.01	6.16	3	
14	20.27			7.1	7.1				7.6			222		4				186		7		3720					1890	1420	120.0	0.06				0.01	5.49	1	
15	17.96			7.3	7.2				7.7			212		4				177		5		3860					1900	1410	110.0	0.06				0.01	5.26	1	
16	16.76			7.1	7.2				7.4			208		3				166		4		3540					1840	1370	100.0	0.05				0.01	5.38	1	
17	17.52			7.3	7.2				7.4			208		5				178		7		3610					1830	1420	110.0	0.06				0.01	6.38	2	
18	18.32			7.3	7.3				7.2			296		5				293		9		3750					1860	1440	120.0	0.06			7.72	0.01	6.38	3	
19	17.05			7.2	7.2				7.1			230		4				216		8		3580					1910	1450	130.0	0.07				0.01	6.16	9	
20	17.48			7.4	7.2				7.0			252		3				189		8		3560					1790	1400	130.0	0.07				0.01	5.49	4	
21	24.33			7.2	7.2				7.4			296		7				146		13		4730					1870	1460	130.0	0.07		1.78		0.01	6.22	2	
22	27.60			7.2	7.4				7.5			162		8				158		10		4810					1370	1100	110.0	0.08				0.01	5.10	1	
23	21.66			7.3	7.5				7.4			176		6				171		9		4600					1890	1450	110.0	0.06				0.01	6.00	1	
24	20.24			7.1	7.3				7.4			156		6				162		13		2790					1480	1160	100.0	0.07				0.01	8.00	1	
25	22.79			7.4	7.5				7.6			210		8				201		18		2870					1210	940	100.0	0.08			11.20	0.01	8.85	2	
26	42.08			7.4	7.2				9.1			146		10				112		14		4590					1900	1510	130.0	0.07				0.01	4.76	3	
27	30.84			7.4	7.2				8.9			118		5				92		8		5180					1670	1290	120.0	0.07				0.01	3.30	2	
28	27.01			7.4	7.4				8.6			146		5				104		7		4580					1870	1470	130.0	0.07	0.83			0.01	4.09	3	
29	22.29			7.4	7.3				8.4			276		6				117		8		4200					1940	1500	130.0	0.07				0.01	4.14	3	
30	22.84			7.3	7.3				8.5			150		6				137		10		4270					1800	1380	130.0	0.07				0.01	4.87	7	
31	0.00																													#VALUE!							
Total	619.6	0	0																		0.0		0.0														
Avg.	19.99			7.3	7.3				7.7			211		5				178		10		3898.3						1758.00	1329.67	112.00	#VALUE!		1.55	9.44	0.01	6.00	3

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent
Residential Connections: _____ Operator: Stephen Patterson
Commercial Connections: _____ 190356 Flow 174801 BOD 167118 TSS Cert. # 5879
Industrial Connections: _____ Phone # 502-540-6042
Sewer Connections X 4 = 0

NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: November 2007
 Average Flow 20.65 MGD

Weather Data			
Date	High	Low	Rainfall
1			
2			
3			
4			
5			0.58
6			
7			
8			
9			0.01
10			
11			0.03
12			0.05
13			0.34
14			
15			0.2
16			
17			
18			
19			0.01
20			
21			
22			
23			
24			
25			1.46
26			0.25
27			
28			
29			
30			
31			
Total			2.93
Avg.			0.33