



MSD

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

September 25, 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
August 2007

Dear Ms. Thurman:

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



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700 West Liberty Street
Louisville Kentucky 40203-1911
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September 25, 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
August 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 January 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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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR LV)
F - FINAL

JEFFE

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

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 ALDRONQUIN PKWY
LOUISVILLE

KY 40211-2497

FACILITY MSD WEST COUNTY STP

LOCATION LOUISVILLE

KY 40272

ATTN: ALEX E NOVAK, DPER MGR

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	31

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 (DO)	00300 1 0 0	*****	*****		2.38	*****	*****	(17)		∅	Daily Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			DAILY GRAB
BOD, 5-DAY (20 DEG. C)	00310 5 0 0	29175	33160	(26)	*****	206.7	225.7	(19)		∅	Daily Comp.
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			DAILY COMPOS
BOD, 5-DAY (20 DEG. C)	00310 1 0 0	1969	2428	(26)	*****	13.8	16.3	(19)		∅	Daily Comp.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MD AVG	11259 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L			DAILY COMPOS
PH	00400 1 0 0	*****	*****		7.2	*****	7.5	(12)		∅	Daily Grab.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU			DAILY GRAB
SOLIDS, TOTAL SUSPENDED	00530 5 0 0	32197	38344	(26)	*****	227.7	261.1	(17)		∅	Daily Comp.
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			DAILY COMPOS
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	993	1305	(26)	*****	7.0	8.7	(19)		∅	Daily Comp.
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MD AVG	11259 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L			DAILY COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 2 0 0	2774	2904	(26)	*****	19.7	20.7	(17)		∅	Daily Comp.
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L			DAILY COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Scharlem
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. Reed

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502 540-6000	07 09 25			
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
MUNICIPAL WASTEWATER
EFFLUENT

JEFFE

*** NO DISCHARGE I [] I ***

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ADDRESS C/O LOUISVILLE/JEFF CO MSD

4522 ALDOUNQUIN PKWY

LOUISVILLE

KY 40211-2497

FACILITY MSD WEST COUNTY STP

LOCATION LOUISVILLE

KY 40272

ATTN: ALEX E NOVAK, OPER MGR

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	08	01		07	08	31

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	1495	1689	(26)	*****	10.6	11.7	(19)	*****	20	30	MG/L	Ø Daily Comp.
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	MO AVG	MX WK AV	MG/L					DAILY COMPOS
NITROGEN, NITRATE TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	1988	2430	(26)	*****	13.4	16.0	(19)	*****	REPORT	REPORT	MG/L	Ø WK Comp.
	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	MO AVG	MX WK AV	MG/L					WEEKLY COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	218.6	269.4	(26)	*****	1.49	1.80	(19)	*****	REPORT	REPORT	MG/L	Ø WK. Comp.
	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	MO AVG	MX WK AV	MG/L					WEEKLY COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 0 0 0 RAW SEW/INFLUENT	17.0	22.9	(03)	*****	*****	*****	*****	*****	*****	*****	MGD	Ø C/N C/N
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****	*****	*****		CONTINCONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	16.9	22.9	(03)	*****	*****	*****	*****	*****	*****	*****	MGD	Ø C/N C/N
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****	*****	*****		CONTINCONTINUOUS
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	(19)	*****	*****	*****	MG/L	Ø Daily Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.019	*****	*****	*****		DAILY GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	(13)	*****	*****	*****	#/	Ø Daily Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200	*****	*****	*****	400 #/	DAILY GRAB
					30DA GED	7 DA GED	100ML					

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

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

TELEPHONE
502 540-6000
AREA CODE NUMBER
DATE
07 09 25
YEAR MO DAY

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

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

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT

JEFFE

*** NO DISCHARGE 1 1 ***

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4522 ALGONGUIN PKWY

LOUISVILLE

KY 40211-2497

FACILITY MSD WEST COUNTY STP

LOCATION LOUISVILLE

KY 40272

ATTN: ALEX E NOVAK, OPER MGR

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	08	01		07	08	31

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)	0	1/31	Calc.
21010 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PER - CENT		ONCE / MONTH	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		97	*****	*****	(23)	0	1/31	Calc.
21011 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	PER - CENT		ONCE / MONTH	CALC'D
	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. Schardern
Exec. Director

TYPED OR PRINTED

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H. J. Schardern

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

582.540-6000

AREA CODE

NUMBER

DATE

07 09 25

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)

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

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

KY0078956
PERMIT NUMBER

001 R
DISCHARGE NUMBER

FACILITY MSD WEST COUNTY STP

LOCATION LOUISVILLE KY 40272

ATTN: ALEX E NOVAK, OPER MGR

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	31

FROM

TO

REASONABLE POTENTIAL
EFFLUENT

*** NO DISCHARGE 1 1 ***

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			
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)		1/31	Comp.
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD 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										

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Exec. Director
TYPED OR PRINTED

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

TELEPHONE: 502 540-6000
DATE: 07 09 25
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: August 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)	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	Oxygen (mg/L) #1	Oxygen (mg/L) #2	MLSS (mg/L) X1000 #1	MLVSS (mg/L) X1000 #1	30 min. SettS.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform /Col./100ml	
																																				WAS
1	18.24			7.3	7.3				4.9		174		6				157		13		4190					1610	1250	100.0	0.06				0.01	8.34	2	
2	16.35			7.3	7.4				4.5		204		7				176		12		4120					1470	1150	100.0	0.07				0.01	8.96	7	
3	16.08			7.2	7.4				6.0		110		7				211		14		4280					1510	1190	100.0	0.07				0.01	12.00	2200	
4	16.38			7.2	7.3				5.0		248		7				261		14		3900					1540	1210	100.0	0.06				0.01	12.00	13	
5	17.57			7.2	7.4				4.2		234		7				194		15		4320					1370	1060	100.0	0.07		14.20		0.01	11.80	212	
6	17.11			7.2	7.4				4.2		210		6				199		16		3920					1430	1150	90.0	0.06				0.01	11.00	14	
7	16.75			7.2	7.5				5.2		204		6				189		13		4090					1430	1160	100.0	0.07	0.97			0.01	9.30	5	
8	16.71			7.2	7.4				5.0		240		7				219		15		4000					1280	1030	100.0	0.08				0.01	10.10	12	
9	16.52			7.2	7.4				4.7		226		5				194		12		4040					1390	1080	100.0	0.07				0.01	9.91	10	
10	16.07			7.2	7.3				5.3		234		7				157		10		3880					1500	1210	100.0	0.07				0.01	9.80	4	
11	16.25			7.3	7.4				5.2		198		6				187		10		4010					1400	1070	100.0	0.07				0.01	9.63	6	
12	17.47			7.1	7.4				5.1		268		6				227		12		3700					1400	1080	100.0	0.07		11.60		0.01	9.69	2200	
13	16.37			7.6	7.3				5.4		288		6				301		13		4390					2060	1670	100.0	0.05				0.01	10.60	13	
14	15.53			7.3	7.2				5.1		218		4				171		10		4070					1520	1200	100.0	0.07		1.78		0.01	12.80	20	
15	15.50			7.3	7.2				4.7		236		4				214		12		4090					1400	1080	110.0	0.08				0.01	13.80	6	
16	17.17			7.2	7.2				4.2		238		6				193		15		3870					1360	1050	100.0	0.07				0.01	12.70	38	
17	16.01			7.2	7.3				4.6		204		8				189		12		1590					900	720	60.0	0.07				0.01	10.00	2	
18	16.71			7.1	7.4				3.9		218		10				205		17		2390					980	790	80.0	0.08				0.01	11.00	124	
19	18.21			7.2	7.5				4.5		350		11				337		30		3460					1010	820	60.0	0.06		16.00		0.01	13.20	13	
20	16.58			7.1	7.2				3.8		344		11				239		11		4320					1250	970	90.0	0.07				0.01	14.80	16	
21	22.91			7.0	7.4				2.4		238		11				203		17		4620					1250	970	90.0	0.07	1.41			0.01	8.62	10	
22	18.07			7.2	7.4				5.3		196		7				152		13		4750					1010	800	90.0	0.09				0.01	8.96	228	
23	18.54			7.2	7.4				4.9		178		6				180		12		4290					1320	1020	90.0	0.07				0.01	8.40	48	
24	16.38			7.2	7.4				4.8		200		6				185		11		4090					1520	1190	90.0	0.06				0.01	9.41	21	
25	17.18			7.1	7.2				4.2		216		6				204		13		3890					1560	1150	90.0	0.06				0.01	10.10	108	
26	0.00										208		7				214		17		4040					1490	1180	80.0	0.05		11.80		0.01	10.10	46	
27	16.80			7.2	7.3				3.7		228		6				211		15		3960					1410	1110	80.0	0.06				0.01	10.60	25	
28	15.92			7.2	7.2				3.5		228		6				199		11		3730					1310	990	90.0	0.07	1.80			0.01	10.90	36	
29	16.83			7.2	7.3				3.8		224		6				193		12		3120					1020	840	60.0	0.06				0.01	11.10	39	
30	17.84			7.2	7.3						284		8				246		13		3230					1150	880	60.0	0.05				0.01	10.60	9	
31	16.10			7.1	7.3				6.0		214		10				202		19		3540					1240	960	80.0	0.06				0.01	12.00	2	
Total	510.2	0	0																	0.0		0.0														
Avg	16.46			7.2	7.3				4.6		228		7				207		14		3868.1						1357.74	1065.81	90.00	0	1.49	13.40	0.01	10.72	22	

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent _____ Operator Steve Patterson
 Residential Connections: _____
 Commercial Connections: _____ Flow 156728 BOD 166910 TSS 148842 Cert. # 5879
 Industrial Connections: _____
 Sewer Connections X 4 = 0 Phone # (502) 540-6042

NAME OF SEWAGE TREATMENT PLANT WEST COUNTY WTP

Month of: August 2007
 Average Flow 17.01 MGD

Date	Weather Data		Rainfall	Remarks
	High	Low		
1				sprayed weeds on plant
2				
3				Took North contact basin out of service. PM air filters in blower building.
4				PM DO probe.
5				
6				Cleaned screen room.
7				
8				Hypo delivery. PM fence line. 1-B and 2-B pumps tripped reset ok.
9				
10				
11				Switched Bisulfite pump #1 to #3. Electrical problem with #1.
12				Maint. Took conveyor apart to unstop. Placed back in service.
13				Cleaned on clarifiers.
14				
15				
16				Hypo delivery.
17				PM #3 barscreen.
18				
19				
20				Cleaned #4 and #5 clarifiers
21				
22				PM DO probe.
23			1.19	
24				Contractor cleaned #6 clarifier.
25				Contractor cleaned North Contact Basin.
26				
27				
28				
29				
30				
31				Hypo delivery. Cleaned screen building. Maint worked on blower line.
Total			1.19	
Avg.			1.19	