



MSD

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

April 20, 2009

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

RE: West County Treatment Plant, KPDES No: KY0078956
Discharge Monitoring Report
March 2009

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the West County Wastewater Treatment Plant, for the month of March 2009.

Also included is the 1st quarter Bio- Monitoring report and the March discharge reports.

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

Sincerely,

John Kessel
Process Supervisor, West Region

JMK/West County 0309

Enclosures

cc: C. Roth
T. Singleton
R. Shaw



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

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

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

NAME MSD WEST COUNTY STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER EFFLUENT
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	*****	*****			7	*****	*****	(19)	0	31/31	GR
00300 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	2	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	*****	*****	(25)		*****	180	209	(19)	0	31/31	CP
00310 0 0 0 RAW SEW/INFLUENT	*****	*****	REPORT	REPORT	*****	REPORT	REPORT	MG/L		DAILY	COMPOS
00310 0 0 0 RAW SEW/INFLUENT	*****	*****	MD AVG	MX WK AV	LBS/DY	MD AVG	MX WK AV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C)	*****	*****	(25)		*****	20	22	(19)	0	31/31	Comp
00310 1 0 0 EFFLUENT GROSS VALUE	*****	*****	7506	11259	*****	30	45	MG/L		DAILY	COMPOS
00310 1 0 0 EFFLUENT GROSS VALUE	*****	*****	MD AVG	MX WK AV	LBS/DY	MD AVG	MX WK AV	MG/L		DAILY	COMPOS
PH	*****	*****			6.9	*****	7.4	(12)	0	31/31	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	6.0	*****	7.0	5U		DAILY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	MINIMUM	*****	MAXIMUM	5U		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	(25)		*****	172	183	(19)	0	31/31	CP
00530 0 0 0 RAW SEW/INFLUENT	*****	*****	REPORT	REPORT	*****	REPORT	REPORT	MG/L		DAILY	COMPOS
00530 0 0 0 RAW SEW/INFLUENT	*****	*****	MD AVG	MX WK AV	LBS/DY	MD AVG	MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	*****	*****	(25)		*****	10	15	(19)	0	31/31	CP
00590 1 0 0 EFFLUENT GROSS VALUE	*****	*****	7506	11259	*****	30	45	MG/L		DAILY	COMPOS
00590 1 0 0 EFFLUENT GROSS VALUE	*****	*****	MD AVG	MX WK AV	LBS/DY	MD AVG	MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	(25)		*****	10	18	(19)	0	31/31	CP
00610 0 0 0 RAW SEW/INFLUENT	*****	*****	REPORT	REPORT	*****	REPORT	REPORT	MG/L		DAILY	COMPOS
00610 0 0 0 RAW SEW/INFLUENT	*****	*****	MD AVG	MX WK AV	LBS/DY	MD AVG	MX WK AV	MG/L		DAILY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H J Schudler Jr
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

TELEPHONE 502 440-6000
DATE 03 04 27
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)

JEFFE

F - FINAL
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 CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN DENNIS THOMASSON, SR METRO OPS

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

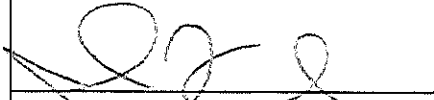
MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	03	01		07	03	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	1,407	1,743	(26)	*****	8	10	(19)	0	3/31	CP	
	PERMIT REQUIREMENT	5004 MO AVG	7506 MX WK AV	LBS/DY	*****	20 MO AVG	30 MX WK AV	MG/L		DAILY COMPOS	
NITROGEN, NITRATE TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	2,118	2,655	(26)	*****	11.0	15.0	(19)	0		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	255	295	(26)	*****	1.6	1.9	(19)	0	1/7	CP	
	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 0 0 0 RAM SEW/INFLUENT	24.11	31.59	(03)	*****	*****	*****	*****	0	1/2	C/W	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	21.85	29.36	(03)	*****	*****	*****	*****	0	1/2	C/W	
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<0.010	(19)	0	3/31	GR	
	PERMIT REQUIREMENT	*****	*****	****	*****	0.019 DAILY MX	MG/L			DAILY GRAB	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	1	(13)	0	3/31	GR	
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30 DA GED	400 #/ 7 DA GED 100ML			DAILY GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.T. Schadler Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
402 541-6000
DATE
07 04 07
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.

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

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT

JEFFE

*** 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 CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0078956 PERMIT NUMBER
001.2 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01	TO	07	03	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	*****	*****		89.0%	*****	*****	(23)	0	1/31	C-1
BOD, 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/MONTH	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		94.0%	*****	*****	(23)	0	1/31	C-1
SOLIDS, SUSPENDED 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
Exec Dir
H J Schadrin Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE NUMBER
DATE YEAR MO DAY
07 540-1666 09 04 27

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

USE MG 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 ***

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 CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0078956
PERMIT NUMBER

001 R
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			
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.010	0.010	(19)	0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			ONCE/MONTH	COMPOS
	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
Exec Dir
H. J. Schaefer Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE NUMBER DATE YEAR MO DAY
502 510-6000 09 09 27

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

BIDMONITORING/METALS/QUARTERLY
EFFLUENT

*** NO DISCHARGE [] ***

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 CEDAR CREEK STP
8905 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: MSD WEST COUNTY STP
LOCATION: LOUISVILLE KY 40272
ATTN: DENNIS THOMASSON SR METRO OPS

KY0072956
PERMIT NUMBER

001 Y
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	03	31

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		*****	*****		*****	247	247	(19)	0	1/90	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		STRLY	GRAB-2
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	0.0415	0.0415	(19)	0	1/90	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		STRLY	GRAB-2
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.0001	<0.001	(19)	0	1/90	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		STRLY	GRAB-2
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	0.014	0.014	(19)	0	1/90	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		STRLY	GRAB-2
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.002	<0.002	(19)	0	1/90	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		STRLY	GRAB-2
TOXICITY, FINAL CONC TOXICITY UNITS 01406 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****		< 1.0	(25)	0	1/90	GR
	PERMIT REQUIREMENT	*****	*****	***	*****		1.00 ACUTE DAILY MX TOXCTY			STRLY	GRAB-2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H. J. Schaefer, Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 540-1666
DATE: 09 04 27
AREA CODE: 102
NUMBER: 540-1666
YEAR: 09
MO: 04
DAY: 27

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



Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

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 EDESEL LN		FERN CREEK	GROUND					
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	879980	03/06/09 08:50 AM	SINGLETON	VIERLING	REPAIRED - ISSUE RESOLVED	03/06/09	GREASE BLOCKAGE	UNAUTHORIZED DISCHARGE - WATERS	03/06/09 09:00 AM	

Spot Inspections:

Discharge Amount: 100 GAL
 Cause: GREASE IN WET WELL HINDERED FUNCTION OF LEVEL CONTROLS
 Clean Up: MSD CLEANED & SANITIZED THE AREA
 Control Zone: TEMPORARY SIGNS PLACED AROUND THE AREA
 Impact: DISCOLORATION IN STREAM & SOLIDS
 Repair: CONTRACTOR VACTORED WET WELL & CLEANED THE STREAM

Notifications:

03/06/09 08:50 AM DISPUB Temporary signs placed around the area
 03/06/09 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0078956 (Cont'd)	Facility ID MSD0277	Treatment Plant Name WEST COUNTY		Receiving Stream of Treatment Plant OHIO RIVER	Region WEST					
Facility Type SMH Sewer Manhole	Facility ID 94009	Facility Address 7804 EDSEL LN	If Pump Station, Name of Pump Station:	Receiving Stream FERN CREEK	Discharge to DITCH					
Activity Code / Description DISDW: DRY WEATHER DISCHARGE	WO # 879974	Initiated 03/06/09 08:50 AM	Initiated By SINGLETON	Assigned To VIERLING	Disch Status REPAIRED - ISSUE RESOLVED	Event Date 03/06/09	Problem GREASE BLOCKAGE	Result UNAUTHORIZED DISCHARGE - WATERS	Completed 03/06/09 09:00 AM	Condition

Spot Inspections:

Discharge Amount: 100 GAL
Cause: GREASE IN WET WELL HINDERED LEVEL CONTROLS
Clean Up: MSD CLEANED & SANITIZED THE AREA
Control Zone: TEMPORARY SIGNS PLACED AROUND THE AREA
Impact: DISCOLORATION IN STREAM & SOLIDS OBSERVED
Repair: CONTRACTOR VACTORED GREASE IN WET WELL & THE STREAM

Notifications:

03/06/09 08:50 AM DISPUB Temporary signs placed around the area
03/06/09 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 6
Total Work Orders Printed: 6



Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0078956 (Cont'd)	Facility ID MSD0277	Treatment Plant Name WEST COUNTY		Receiving Stream of Treatment Plant OHIO RIVER		Region WEST				
Facility Type SMH Sewer Manhole	Facility ID 92098	Facility Address 7801 EDSEL LN	If Pump Station, Name of Pump Station:		Receiving Stream FERN CREEK	Discharge to GROUND				
<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 879976	<u>Initiated</u> 03/06/09 08:50 AM	<u>Initiated By</u> SINGLETON	<u>Assigned To</u> VIERLING	<u>Disch Status</u> DOCUMENTED	<u>Event Date</u> 05/16/08	<u>Problem</u> GREASE BLOCKAGE	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 03/06/09 09:00 AM	<u>Condition</u>

Spot Inspections:

Discharge Amount: 100 GAL
Cause: GREASE IN WET WELL HINDERED FUNCTION OF LEVEL CONTROLS.
Clean Up: MSD CLEANED & SANITIZED AREA
Control Zone: TEMPORARY SIGNS PLACED AROUND AREA
Impact: DISCOLORATION IN STREAM & SOLIDS
Repair: CONTRACTOR VACTORED GREASE IN WET WELL & CLEANED STREAM

Notifications:

03/06/09 08:50 AM DISPUB Temporary signs placed around affected area
03/06/09 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0078956	Facility ID MSD0277	Treatment Plant Name WEST COUNTY		Receiving Stream of Treatment Plant OHIO RIVER		Region WEST				
Facility Type SMH Sewer Manhole	Facility ID 26954	Facility Address 7801 EDSEL LN	If Pump Station, Name of Pump Station:		Receiving Stream FERN CREEK	Discharge to GROUND				
Activity Code / Description DISDW: DRY WEATHER DISCHARGE	WO # 879971	Initiated 03/06/09 08:50 AM	Initiated By SINGLETON	Assigned To VIERLING	Disch Status REPAIRED - ISSUE RESOLVED	Event Date 03/06/09	Problem GREASE BLOCKAGE	Result UNAUTHORIZED DISCHARGE - WATERS	Completed 03/06/09 09:00 AM	Condition

Spot Inspections:

Discharge Amount: 100 GAL
Cause: GREASE IN WET WELL HINDERED LEVEL CONTROLS
Clean Up: MSD CLEANED & SANITIZED THE AREA
Control Zone: TEMPORARY SIGNS WERE PLACED AROUND THE IMPACTED AREA
Impact: SOLIDS AND DISCOLORATION IN THE STREAM WERE OBSERVED
Repair: CONTRACTOR IS VACTORING GREASE IN THE WET WELL AND THE STREAM

Notifications:

03/06/09 08:50 AM DIS PUB Temporary signs were placed around the impacted area
03/06/09 01:00 AM DIS NOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Name of Sewage Treatment Plant: Wast County WTP Jefferson County Month of: March 2009

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	Oxygen (mg/L) #1	Oxygen (mg/L) #2	MLSS (mg/L) X1000 #1	MLVSS (mg/L) X1000 #1	30 min. Sett.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col./100ml
1	29.36			7.3	7.2					9.2		108		18		88	15	2900							1250	1000	140.0	0.11			9.40	0.01	7.10	1	
2	25.82			7.5	7.2					9.0		168		24		108	28	2600							1280	1070	150.0	0.12					7.60	1	
3	23.81			7.5	7.3					9.0		138		14		113	17	2860							1250	1030	150.0	0.12					7.20	1	
4	22.53			8.3	7.3					9.0		150		14		134	24	2720							1310	1070	180.0	0.12					7.70	1	
5	22.20			7.5	7.2					9.0		214		9		247	17	2560							1380	980	170.0	0.12					8.20	1	
6	21.69			7.3	7.1					9.0		180		13		392	16	2550							1530	1210	180.0	0.12					9.40	1	
7	21.22			7.3	7.2					9.0		222		10		381	33	2580							1240	1000	170.0	0.14					11.00	1	
8	21.22			7.3	7.3					9.0		170		11		310	16	2580							1180	1020	190.0	0.13			15.00	0.01	12.00	1	
9	19.77			7.4	7.2					9.0		228		9		183	26	2620							1250	1170	140.0	0.11					12.00	1	
10	19.62			7.3	7.2					7.9		168		7		170	20	2710							1460	1200	140.0	0.10	1.45				12.00	1	
11	22.33			7.3	7.2					8.2		210		11		177	23	2440							1220	1030	130.0	0.11					9.40	1	
12	21.03			7.4	7.4					7.9		114		5		144	16	2280							2320	1650	100.0	0.04					9.60	1	
13	19.41			7.3	7.1					8.5		146		14		162	20	2350							1060	910	110.0	0.10					8.00	1	
14	21.02			8.0	7.2					9.0		195		10		273	12	2300							1140	920	120.0	0.11					8.00	1	
15	21.48			7.3	7.1					8.0		155		7		181	33	2450							1340	1110	80.0	0.06			12.00	0.01	9.50	1	
16	20.00			7.3	7.2					8.0		170		8		162	26	2470							1370	1160	140.0	0.10					9.70	1	
17	18.91			7.4	7.1					8.0		180		12		173	29	2310							1290	1070	130.0	0.10	1.52				7.30	1	
18	18.73			7.2	7.1					9.0		216		6		177	12	2140							1200	990	130.0	0.11					6.50	1	
19	21.55			7.3	7.0					8.4		166		7		118	14	2120							1260	1050	110.0	0.09					6.00	1	
20	20.52			7.8	7.1					8.0		206		10		151	19	2130							1260	1090	100.0	0.08					6.30	1	
21	19.50			7.2	7.0					8.2		190		10		202	20	2010							1160	930	100.0	0.09					7.10	1	
22	19.18			7.3	7.1					8.2		184		8		200	12	2100							1090	950	100.0	0.09			9.40	0.01	7.20	1	
23	18.38			7.3	7.0					7.4		240		10		219	22	1840							1070	940	100.0	0.09					7.20	1	
24	18.36			7.3	7.0					8.3		272		10		175	25	1990							1060	950	100.0	0.09	1.93				8.00	1	
25	22.89			7.3	6.9					7.7		182		10		156	27	2210							1030	1020	100.0	0.10					7.00	1	
26	24.48			7.7	7.1					8.1		89		8		89	14	2420							1280	1060	100.0	0.08					5.90	1	
27	24.23			7.4	7.4					7.7		100		9		136	10	2390							1130	890	100.0	0.09					4.60	1	
28	23.13			7.4	7.4					7.8		108		13		137	10	4660							2610	950	100.0	0.04					5.20	2	
29	29.32			7.2	7.0					7.5		154		11		135	23	2770							1110	930	100.0	0.09			8.10	0.01	5.30	1	
30	23.29			7.3	7.0					7.8		156		4		158	13	2500							1270	1040	120.0	0.09					5.10	1	
31	22.33			7.2	6.9					7.6		156		4		141	15	2620							1340	1170	120.0	0.09					5.10	1	
Total	677.3	0	0															0.0		0.0									1.33						
Avg.	21.85			7.4	7.1					8.3		172		10		180	20	2492.3							1313.55	1050.32	123.87	0	1.56	10.78	0.01	7.81		1	

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent _____ Operator _____
 Residential Connections: _____ Commercial Connections: 208033 Flow _____ 193352 BOD _____ 148826 TSS _____ Cert. # _____
 Industrial Connections: _____ Sewer Connections X 4 = 0 Photo # _____