MSD
Metropolitan Sewer District

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

December 15, 2009

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

RE: Derek Guthrie WQTC, KPDES No: KY0078956
Discharge Monitoring Report
November 2009

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Derek Guthrie WQTC, for the month of November 2009.

For the month of November there were no exceedances, bypasses or overflows reports at Derek Guthrie WQTC.

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 1109

Enclosures

cc: C. Roth
T. Singleton
R. Shaw

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

NAME DEREK R GUTHRIE WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY DEREK R GUTHRIE WQTC MSD
LOCATION LOUISVILLE KY 40272
ATTN: DENNIS THOMASSON, SR METRO OPS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0078956	001 2

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT
*** NO DISCHARGE |__| ***

JEFFE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	11	01	TO	09	11	30

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	******	******		6	******	******	(19)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	2 INST MIN	******	******	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	33,476	35,448	(26)	******	169	188	(19)			
00310 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	3170	3842	(26)	******	16	20	(19)			
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
PH	SAMPLE MEASUREMENT	******	******		7.3	******	7.5	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	40,941	50,713	(26)	******	207	246	(19)			
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1551	2127	(26)	******	8	10	(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2712	2891	(26)	******	14	15	(19)			
00610 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
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.		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

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FACILITY DEREK R GUTHRIE WQTC MSD

LOCATION LOUISVILLE KY 40272

ATTN: DENNIS THOMASSON, SR METRO OPS

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0078956	001 2

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT
*** NO DISCHARGE | __ | ***

JEFFE

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	11	01	TO	09	11	30

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	2543	1437	(26)	******	6	8	(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5004 MO AVG	7506 MX WK AV	LBS/DY	******	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	1616	1913	(26)	******	8	10	(19)			
00625 1 0 0 EFFLUENT GROSS VALUE	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)	SAMPLE MEASUREMENT	602	893	(26)	******	3	3.9	(19)			
00665 1 0 0 EFFLUENT GROSS VALUE	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	SAMPLE MEASUREMENT	24.54	40.88	(03)	******	******	******				
50050 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	CONTIN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	24.26	42.20	(03)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	<0.010	(19)			
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	0.019 DAILY MX	MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	1	1	(13)			
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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		DATE		
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.

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

KY0078956 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	11	01	TO	09	11	30

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT
*** NO DISCHARGE | | ***

JEFFE

Form Approved.
OMB No. 2040-0004

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		90 %	******	******	(23)			
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	****** **** ****		85 MO AVG	******	******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		96 %	******	******	(23)			
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	****** **** ****		85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
	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.		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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PERMIT NUMBER	DISCHARGE NUMBER
KY0078956	001 R

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	11	01	TO	09	11	30

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

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	******	******		******	<0.01	<0.01	(19)			
01032 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

Name of Sewage Treatment Plant: West County WTP Jefferson County Month of: November 2009

KPDES Permit Number: KY0078956 Plant Capacity: 30 MGD Receiving Stream: Ohio River

Date	Total Flow (MG)	Raw Sewage: Grit Removed (cu	Raw Sewage: Screenings (cu. ft.	pH: Raw	pH: Final	Settleable Solids (mL/L): Raw	Settleable Solids (mL/L): Primary (or Sec.)	Settleable Solids (mL/L): Final	Dissolved Oxygen (mg/L): Stream Above	Dissolved Oxygen (mg/L): Final	Dissolved Oxygen (mg/L): Stream Below	Suspended Solids (mg/L): Raw	Suspended Solids (mg/L): Primary (or Sec.)	Suspended Solids (mg/L): Final	Total Solids (mg/L): Raw	Total Solids (mg/L): Primary (or Sec.)	Total Solids (mg/L): Final	5-day BOD (mg/L): Raw	5-day BOD (mg/L): Primary (or Sec.)	5-day BOD (mg/L): Final	Activated Sludge Return: Million Gal/Day	Activated Sludge Return: MLSS mg/L X 1000	Activated Sludge WAS: Gal/Day X 1000	Aeration Basin: Dissolved Oxygen (mg/L) #1	Aeration Basin: Dissolved Oxygen (mg/L) #2	Aeration Basin: MLSS (mg/L) X1000 #1&#2	Aeration Basin: MLVSS (mg/L) X1000 #1&#2	Aeration Basin: 30 min. SettS.	Aeration Basin: SVI	Dig Sludge: % Solids	Final: Phosphorus (mg/L)	Final: TKN (mg/L)	Final: Chlorine Residual (mg/L)	Final: NH3-N (mg/L)	Final: Fecal Coliform Col./100ml	Final: Hexavalent Chromium	Final: Hardness
1	42.20			7.6	7.3					7.9		114		4				111		9		2960				1350	1110	120.0	0.09			3.40	0.01	2.00	1		
2	34.92			7.4	7.2					7.5		132		4				150		12		2980				1680	1220	130.0	0.08				0.01	2.20	1		
3	31.49			7.4	7.1					7.5		156		7				134		13		3530				1530	1160	120.0	0.08		3.40		0.01	3.30	1		
4	27.91			7.4	7.2					7.8		152		6				137		10		3120				1350	1040	110.0	0.09				0.01	3.90	1		
5	25.73			7.4	7.4					7.6		198		4				131		7		2930				1530	1160	120.0	0.08				0.01	2.90	1		
6	24.20			8.0	7.2					7.9		154		5				99		5		2680				1350	1000	110.0	0.08				0.01	3.30	1		
7	24.00			7.5	7.4					7.9		80		6				130		14		2740				1550	1130	110.0	0.07				0.01	3.10	1		
8	23.21			7.4	7.3					7.9		226		7				169		10		2550				1530	1210	110.0	0.07			6.20	0.01	4.40	1		
9	22.28			7.3	7.1					7.6		268		8				177		13		2750				1580	1250	120.0	0.08				0.01	5.10	1		
10	21.86			7.4	7.0					7.3		214		10				158		16		2580				1520	1190	120.0	0.08		3.78		0.01	4.30	1	0.01	272
11	22.46			7.3	7.1					7.1		230		8				201		16		2820				1500	1190	100.0	0.07		4.08		0.01	5.10	1		
12	21.47			7.3	7.0					7.1		240		9				163		15		2500				1120	780	90.0	0.08				0.01	5.40	1		
13	20.60			7.4	7.2					6.8		236		6				176		17		2340				1000	750	90.0	0.09				0.01	5.70	1		
14	20.68			7.5	7.4					7.0		228		6				192		17		2780				1580	1190	90.0	0.06				0.01	3.50	1		
15	20.38			7.4	7.3					6.7		138		11				212		28		2780				1540	1120	90.0	0.06			10.00	0.01	7.60	1		
16	20.23			7.3	7.1					6.7		226		12				188		21		2250				1160	980	80.0	0.07				0.01	7.30	1		
17	23.25			7.4	7.1					6.7		218		17				173		20		2150				1140	930	90.0	0.08		2.04		0.01	7.00	1		
18	34.00			7.3	7.1					7.2		208		12				135		19		2780				900	770	80.0	0.07				0.01	5.40	1		
19	26.75			7.4	7.4					7.1		362		7				241		13		2700				940	760	80.0	0.09				0.01	5.90	1		
20	23.90			7.4	7.2					7.0		350		7				198		15		2290				910	770	90.0	0.10				0.01	5.00	1		
21	22.90			7.6	7.5					6.7		218		7				82		18		2440				1080	860	90.0	0.08				0.01	4.90	1		
22	22.93			7.5	7.5					6.3		240		10				139		21		2450				1130	840	90.0	0.08			10.00	0.01	7.80	1		
23	22.65			7.3	7.1					7.1		160		9				147		22		2350				1120	940	100.0	0.09				0.01	8.10	1		
24	21.83			7.4	7.2					7.4		168		10				160		15		2350				1060	890	100.0	0.09		1.52		0.01	7.80	1		
25	21.80			7.4	7.1					6.9		192		7				213		30		2260				1060	850	90.0	0.08				0.01	5.70	1		
26	20.85			7.3	7.1					6.2		200		8				239		17		2290				1090	910	90.0	0.08				0.01	7.40	1		
27	19.35			7.3	7.2					7.8		276		8				232		16		2380				1100	930	110.0	0.10				0.01	10.00	1		
28	20.54			7.4	7.2					7.5		212		7				186		17		2410				1220	1060	120.0	0.10				0.01	9.90	1		
29	20.69			7.3	7.1					7.0		216		7				205		20		2270				1280	1070	130.0	0.10			12.00	0.01	9.60	1		
30	22.95			7.4	7.2					6.9		188		6				206		18		2450				1330	1120	120.0	0.09				0.01	10.00	1		
Total	727.8	0	0																		0.0		0.0														
Avg.	24.26			7.4	7.2					7.2		207		8				169		16		2589.0				1274.33	1006.00	102.33			2.96	8.32	0.01	5.79	1	0.01	272

Total Number of Sewer Connections: 0

Residential Connections:

Commercial Connections:

Industrial Connections:

Sewer Connections X 4 = 0

Industrial Waste Population Equivalent

Flow	BOD	TSS
231048	201615	199117

Operator: K Thompson

Cert. #: #18871

Phone #: 502-540-6042