

# 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](http://www.msdlouky.org)

June 17, 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  
May 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 May 2009.

Influent flows for the 14<sup>th</sup>, 15<sup>th</sup> are estimated from the effluent flow meter readings. This was due to an electrical issue that we had while upgrading the influent flow meters.

Also included are the May overflow 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 0509

Enclosures

cc: C. Roth  
T. Singleton  
R. Shaw



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

NAME MSJ WEST COUNTY STP  
ADDRESS 073 CEDAR CREEK STP  
8403 CEDAR CREEK RD  
LOUISVILLE KY 40211

KY0078756  
PERMIT NUMBER

0012  
DISCHARGE NUMBER

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

FACILITY MSJ WEST COUNTY STP  
LOCATION LOUISVILLE KY 40272  
ATTN: CLINIS THOMASSON, SR METRO OPS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	01

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 DIELUTED (DO)	00000	*****	*****		7	*****	*****	MG/L	0	0/01	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
BOD (20 DEG C)	00310	32,997	40,513	( 20 )	*****	147	184	MG/L	0	0/01	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L			
		MO AVG	MX WK AV			MO AVG	MX WK AV				
BOD (20 DEG C)	00310	2818	3624	( 20 )	*****	12	14	MG/L	0	0/01	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7505	11257	LBS/DY	*****	30	45	MG/L			
		MO AVG	MX WK AV			MO AVG	MX WK AV				
PH	00400	*****	*****		6.8	*****	7.4	BU	0	0/01	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU			
SOLIDS TOTAL SUSPENDED	00530	39,605	53,061	( 25 )	*****	176	208	MG/L	0	0/01	CB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L			
		MO AVG	MX WK AV			MO AVG	MX WK AV				
SOLIDS TOTAL SUSPENDED	00530	1649	2057	( 25 )	*****	7	8	MG/L	0	0/01	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7540	11257	LBS/DY	*****	30	45	MG/L			
		MO AVG	MX WK AV			MO AVG	MX WK AV				
NITROGEN AMMONIA TOTAL (AS N)	00910	2995	3194	( 25 )	*****	14	17	MG/L	0	0/01	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L			
		MO AVG	MX WK AV			MO AVG	MX WK AV				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Dir H.J. Schudwin 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		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			502	546-6600	09	06	02

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)

NAME KNOX WEST COUNTY STP  
ADDRESS 670 CEDAR CREEK STP  
2405 WEIMAR GREEN RD  
LOUISVILLE KY 40211  
FACILITY WEST COUNTY STP  
LOCATION LOUISVILLE KY 40272  
CITY CLAYTON THOMASSEN, SR METRO OPS

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

KY0078758  
PERMIT NUMBER  
0012  
DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	01

FROM

TO

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)	690	810	LBS/DY	*****	3	4	MG/L	0	1/10	CP		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L				
NITROGEN, NITRATE TOTAL (AS N)	1260	1,578	LBS/DY	*****	5	6	MG/L	0	1/10	CP		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L				
PHOSPHORUS, TOTAL (AS P)	342	383	LBS/DY	*****	1.7	2.3	MG/L	0	1/10	CP		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	27.89	65.86	MGD	*****				0	9m	C/W		
RAW SEW INFLUENT	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD	*****	*****	*****	***	*****	*****		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	27.74	68.59	MGD	*****				0	C/W	C/W		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD	*****	*****	*****	***	*****	*****		
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	10.010	MG/L	0	1/10	GR		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX	MG/L					
COLIFORM, GENERAL	*****	*****	*****	*****	*****	1	1	100ML	0	1/10	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	3000 GED	7 DA GED	100ML				
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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Exec Dir H.J. Shaden Jr								502 546-6600		09 06 22		
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

USE MO AVG FOR SUBDAYS REMOVED IN MINIMUM COLUMN.

\* See Cover letter regarding Influent flow \*

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

NAME: MBO WEST COUNTY STP  
 ADDRESS: 0/0 CEDAR CREEK STP  
 5400 CEDAR CREEK RD  
 LOUISVILLE KY 40011  
 FACILITY: MBO WEST COUNTY STP  
 LOCATION: LOUISVILLE KY 40012  
 ATTN: DENNIS THOMASSON, SR. METRO OPS

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

Form Approved.  
 OMB No. 2040-0004

PERMIT NUMBER: KY0078785

DISCHARGE NUMBER: 0012

MAJOR DISCHARGE CATEGORY: F - FINAL  
 MUNICIPAL WASTEWATER EFFLUENT  
 \*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
500, 5-DAY PERCENT REMOVAL		*****	*****		91	*****	*****	( 20 )	0	1/31	Cal
PERCENT REMOVAL		*****	*****	****	MD AVG	*****	*****	PER-CENT		ONCE / MONTH	
500, 5-DAY PERCENT REMOVAL		*****	*****		96	*****	*****	( 20 )	0	1/31	Cal
PERCENT REMOVAL		*****	*****	****	MD MIN	*****	*****	PER-CENT		ONCE / MONTH	

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: 502 596-6666  
 DATE: 19 06 22  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE NO. 400 FOR 500/5DS REMO. REPT IN MINIMUM COLUMN.

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

NAME MSD WEST COUNTY STP  
 ADDRESS C/O CEDAR CREEK STP  
 3405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY MSD WEST COUNTY STP  
 LOCATION LOUISVILLE KY 40272  
 VPP DERRIS THOMASSEN BR METRO OPS

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

770078756  
 PERMIT NUMBER

001 R  
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	01

MAJOR (SUBR LV)  
 F - FINAL  
 REASONABLE POTENTIAL  
 EFFLUENT  
 \*\*\* NO DISCHARGE \*\*\*

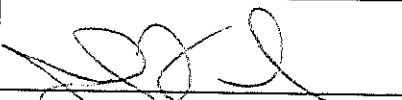
Form Approved  
 OMB No. 2040-0004

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			
CHROMIUM, HEXAVALENT (AS CR)	*****	*****			*****	20.010	20.010	ME/L	0	01/31	CP
EFFLUENT GROSS VALUE	*****	*****	****	****	*****	REPORT NO AVG	REPORT DAILY MX	ME/L		MONTH	SAMPLE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Dir  
 H.J. Schudde 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 1540-0000  
 DATE 09 06 22

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

Name of Sewage Treatment Plant: West County WTP County: Jefferson Month of: May 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&#2	MLVSS (mg/L) X1000 #1&#2	30 min. Sett.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform (Col./100ml)	
1	25.32			7.1	7.1					7.9		163		8			166		12	3620					1780	1370	140.0	0.08				0.01	4.60	1		
2	32.68			7.2	7.1					6.9		202		12			142		17	4370					1430	1150	150.0	0.10				0.01	4.00	1		
3	30.31			7.2	7.4					7.9		160		9			147		20	3670					1680	1370	150.0	0.09			5.40	0.01	4.00	1		
4	31.69			7.3	7.0					8.1		144		7			99		6	3850					1530	1250	150.0	0.10				0.01	3.00	1		
5	27.11			7.3	7.0					7.9		270		4			163		15	3770					1580	1310	150.0	0.10				0.01	2.40	1		
6	31.58			8.8	7.0					7.9		376		4			138		9	3510					1630	1400	150.0	0.09	1.39			0.01	2.50	1		
7	36.62			7.2	7.1					7.9		140		9			114		12	4010					1380	1160	130.0	0.09				0.01	2.70	1		
8	42.16			7.3	7.2					8.0		166		9			143		10	3860					1510	1280	150.0	0.10				0.01	1.80	1		
9	68.59			7.1	7.1					8.1		172		7			145		9	4450					910	690	90.0	0.10				0.01	1.30	1		
10	38.61			7.2	7.2					8.2		120		6			96		13	4070					1400	1090	120.0	0.09			4.90	0.01	3.30	1		
11	32.78			7.3	7.1					8.6		128		7			116		16	4060					1490	1150	140.0	0.09				0.01	3.60	1		
12	28.22			7.3	7.1					8.7		136		5			131		11	3880					1620	1260	140.0	0.09	1.26			0.01	3.90	1		
13	25.83			7.3	7.1					8.3		194		6			104		12	3800					1750	1370	150.0	0.09				0.01	2.90	1		
14	27.42			7.3	7.1					8.7		212		4			151		13	3680					1780	1520	140.0	0.08				0.01	2.70	1		
15	26.40			7.2	6.9					7.9		186		8			141		12	3820					1740	1350	150.0	0.09				0.01	3.00	1		
16	34.38			7.2	7.0					8.0		172		6			139		6	4020					1770	1430	140.0	0.08				0.01	2.60	1		
17	27.95			7.2	7.0					7.9		144		9			160		15	3620					1610	1280	150.0	0.09				0.01	3.00	1		
18	24.61			7.3	7.2					8.4		178		7			88		15	3480					1620	1310	150.0	0.09			5.60	0.01	3.70	1		
19	22.68			7.3	7.1					8.4		136		7			139		16	3540					1770	1500	150.0	0.08			1.98	0.01	3.00	1		
20	21.69			7.4	7.1					7.9		100		6			123		9	3640					2070	1700	150.0	0.07				0.01	2.30	1		
21	20.86			7.4	7.0					7.5		162		5			142		14	3330					1900	1520	120.0	0.06				0.01	3.20	1		
22	19.89			7.2	6.9					7.3		158		7			194		5	3960					1940	1490	120.0	0.06				0.01	2.70	1		
23	19.25			6.6	6.9					7.4		146		7			176		11	3170					1980	1580	170.0	0.09				0.01	2.20	1		
24	18.25			7.1	6.8					6.9		156		9			179		28	3340					1950	1500	180.0	0.09				0.01	3.20	1		
25	20.27			7.3	7.0					7.5		170		9			200		18	3310					1920	1560	200.0	0.10			5.20	0.01	3.20	1		
26	20.16			7.3	7.0					7.3		166		7			145		15	3180					1850	1540	200.0	0.11			2.28	0.01	3.90	1		
27	19.54			7.3	7.0					7.3		150		6			305		20	3390					1740	1520	180.0	0.10				0.01	4.10	1		
28	22.46			7.3	7.0					7.9		116		6			92		6	3370					1840	1440	170.0	0.09				0.01	3.80	1		
29	21.95			7.2	7.0					7.3		180		7			134		10	3200					1870	1650	170.0	0.09				0.01	2.40	1		
30	20.65			7.1	7.0					7.3		190		8			161		7	3290					1820	1540	180.0	0.10				0.01	2.70	1		
31	20.17			7.3	7.0					7.4		170		9			180		13	3090					1720	1410	190.0	0.11			5.20	0.01	3.40	1		
Total	850.1	0	0																																	
Avg.	27.74			7.3	7.0					7.8		170		7					13	3662.9	0.0	0.0			1694.19	1377.10	152.26	0			1.73	5.26	0.01	3.11	1	

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent: \_\_\_\_\_ Operator: Ken Jones  
 Residential Connections: \_\_\_\_\_ Commercial Connections: \_\_\_\_\_ 264226 Flow 199902 BOD 187203 TSS Cert. #: #18063  
 Industrial Connections: \_\_\_\_\_ Sewer Connections X 4 = 0 Phone #: 502-540-8042



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

<b>KPDES #</b> KY0078956	<b>Facility ID</b> MSD0277	<b>Water Quality Treatment Center</b> DEREK R. GUTHRIE	<b>Receiving Stream of Treatment Center</b> OHIO RIVER	<b>Region</b> WEST
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<b>Facility Type</b> SMH Sewer Manhole	<b>Facility ID</b> 04699-W	<b>Facility Address</b> 1714 LAMKINS CT	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> MILL CREEK	<b>Discharge to</b> GROUND
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	906012	05/08/09 05:00 PM	MARKS JR	THOMPSON	DOCUMENTED	12/15/07	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	05/09/09 01:00 AM	-

**Spot Inspections:**

Discharge Amount:	5,000 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	NO DEBRIS
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	NO IMPACT OBSERVED
Repair:	STORM FLOW RECEDED

**Notifications:**

05/08/09 10:23 PM	DISPUB	public notified by signs and updated by msd web site
05/08/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
05/08/09 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Metropolitan Sewer District

IMSAST0004

Overflow Report

Initiated May 01, 2009 12:00 AM thru May 31, 2009 11:59 PM

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

<b>KPDES #</b> KY0078956 (Cont'd)	<b>Facility ID</b> MSD0277	<b>Water Quality Treatment Center</b> DEREK R. GUTHRIE	<b>Receiving Stream of Treatment Center</b> OHIO RIVER	<b>Region</b> WEST
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<b>Facility Type</b> SMH Sewer Manhole	<b>Facility ID</b> 29948	<b>Facility Address</b> 6810 SANDSTONE BLVD	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> FERN CREEK	<b>Discharge to</b> GROUND
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	906288	05/08/09 08:00 PM	RHODES	HOLLEY	DOCUMENTED	03/04/08	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	05/08/09 11:00 PM	

**Spot Inspections:**

Discharge Amount: 360 GAL

Cause: LACK OF SYSTEM CAP. DUE TO HEAVY RAIN

Clean Up: CREATE WORK ORDER FOR MAINTENANCE TO CLEAN & SANITIZE AREA

Control Zone: SET UP SIGNS & CAUTION TAPE THE AREA

Impact: SOLIDS & DEBRIS

Repair: THIS LOCATION WILL BE IN THE SANITARY SEWER DISCHARGE PLAN TO BE SUBMITTED BY DECEMBER 31,2008

**Notifications:**

05/08/09 08:00 PM      DIS PUB      MSD ADVISED CUSTOMERS BY DOOR CARD

05/11/09 11:16 AM      DIS NOT      Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov





Metropolitan Sewer District

IMSAST0004

Overflow Report

Initiated May 01, 2009 12:00 AM thru May 31, 2009 11:59 PM

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

KPDES # KY0078956 (Cont'd)	Facility ID MSD0277	Water Quality Treatment Center DEREK R. GUTHRIE	Receiving Stream of Treatment Center OHIO RIVER	Region WEST
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Facility Type SMH Sewer Manhole	Facility ID 81814-W	Facility Address 2601 PIONEER RD	If Pump Station, Name of Pump Station:	Receiving Stream MILL CREEK	Discharge to DITCH
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	906011	05/08/09 05:00 PM	MARKS JR	THOMPSON	DOCUMENTED	01/24/02	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	05/08/09 08:00 PM	

**Spot Inspections:**

Discharge Amount:	5,000 GAL
Cause:	RAIN EVENT LACK OF SYSTEM CAPACITY
Clean Up:	NO DEBRIS
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	NO IMPACT OBSERVED
Repair:	STORM FLOW RECEDED

**Notifications:**

05/08/09 10:15 PM	DISPUB	public notified by signs and msd website
05/08/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov