



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

November 19, 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
October 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 October 2009.

For the month of October 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,

A handwritten signature in black ink, appearing to read "John Kessel", is written over a horizontal dotted line.

John Kessel
Process Supervisor, West Region

JMK/West County 1009

Enclosures

cc: C. Roth
T. Singleton
R. Shaw



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

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)

KY0078956 PERMIT NUMBER
 0012 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL
 MUNICIPAL WASTEWATER
 EFFLUENT

Form Approved
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01	TO	07	10	31

*** NO DISCHARGE [] ***

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(19)			
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	2	*****	*****			DAILY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			****	INST MIN			MG/L			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	39,290	47,267	(26)	*****	147	197	(19)			
00310 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			DAILY	COMPOS
RAW SEW/INFLUENT	REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	3815	4612	(26)	*****	14	15	(19)			
00310 1 0 0	PERMIT REQUIREMENT	7506	11259		*****	30	45			DAILY	COMPOS
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.6	(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			DAILY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SV			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	47,007	58,974	(26)	*****	171	216	(19)			
00530 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			DAILY	COMPOS
RAW SEW/INFLUENT	REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2090	2811	(26)	*****	7	8	(19)			
00530 1 0 0	PERMIT REQUIREMENT	7506	11259		*****	30	45			DAILY	COMPOS
EFFLUENT GROSS VALUE	REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	3134	3699	(26)	*****	11	12	(19)			
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			DAILY	COMPOS
RAW SEW/INFLUENT	REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			
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			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

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 DEREK R GUTHRIE WQTC MSD
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 LOCATION LOUISVILLE KY 40272
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0078956 PERMIT NUMBER
 001 2 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	10	01		09	10	31

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			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	746	875	(26)	*****	3	4	(19)			
	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) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1235	1401	(26)	*****	5	6	(19)			
	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	SAMPLE MEASUREMENT	654	753	(26)	*****	3.1	3.9	(19)			
	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 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	32.78	69.56	(03)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****			CONTINCONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	33.82	71.19	(03)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****			CONTINCONTINUOUS
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.010	(19)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.019; DAILY MX	MG/L			DAILY GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	(13)			
	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.

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

NAME DEREK R GUTHRIE WGTC MSD
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 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0078956 PERMIT NUMBER
 0012 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	10	01		09	10	31

MUNICIPAL WASTEWATER
 EFFLUENT

*** NO DISCHARGE !!! ***

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			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		90%	*****	*****	(23)			
B1010 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AVG	*****	*****	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		96%	*****	*****	(23)			
B1011 K O O 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										

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			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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

KY0078956
 PERMIT NUMBER

001 R
 DISCHARGE NUMBER

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

JEFFE

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	10	01		09	10	31

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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		*****	*****		*****	< 0.01	< 0.01	(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO 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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

TYPED OR PRINTED

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

Name of Sewage Treatment Plant: West County WTP

West County WTP

County: Jefferson

Month of: October

October

2009

KPDES Permit Number: KY0078956

KY0078956

Plant Capacity: 30 MGD

30 MGD

Receiving Stream: Ohio River

Ohio River

Date	Total Flow (MG)	Raw Sewage		pH		Settleable Solids (m/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						
		Crit. 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	WAS	Gal/Day X 1000	Dissolved Oxygen (mg/L) #1	Dissolved Oxygen (mg/L) #2	MLSS (mg/L) X 1000 #1#2	MLVSS (mg/L) X 1000 #1#2	60 min. Sett.S.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col./100ml	Hexavalent Chromium
1	23.00			7.7	7.2				7.0		208	9		310		24		2700								1540	1210	100.0	0.08				0.01	1.80	1		
2	42.68			7.3	7.0				7.0		224	9		241		27		3170								1690	1330	90.0	0.05				0.01	1.30	1		
3	34.30			7.3	7.2				7.6		112	9		130		9		3180								1680	1380	100.0	0.06				0.01	1.40	1		
4	27.59			7.5	7.3				7.4		118	8		205		17		3470								1820	1230	100.0	0.08				0.01	1.40	1		
5	24.83			7.4	7.1				6.7		134	7		148		12		2700								1800	1400	100.0	0.08		4.10		0.01	2.20	1		
6	25.27			7.4	7.1				6.7		162	7		143		13		2720								1550	1250	100.0	0.08	2.70		0.01	2.20	1			
7	23.83			7.4	7.1				7.0		240	3		205		6		2780								1490	1200	100.0	0.07				0.01	1.80	1		
8	28.58			7.2	7.2				7.3		306	9		209		18		2940								1400	1150	90.0	0.08				0.01	2.30	1		
9	71.19			7.2	7.0				6.9		132	9		138		11		3550								1090	900	60.0	0.08				0.01	2.40	1		
10	57.29			7.4	7.3				8.3		104	7		81		7		3300								1070	880	70.0	0.07				0.01	2.20	1		
11	37.43			7.5	7.2				7.9		150	11		139		17		2940								1070	950	70.0	0.07		4.10		0.01	2.40	1		
12	32.24			7.4	7.3				7.7		118	6		134		15		2910								1330	1050	90.0	0.07				0.01	2.60	1		
13	28.79			7.4	7.1				7.8		134	6		134		13		2950								1380	1130	100.0	0.07	2.67		0.01	2.20	1	0.01	270	
14	37.60			7.4	7.1				7.7		134	8		129		19		2820								1900	1530	100.0	0.05				0.01	2.50	1		
15	40.81			7.4	7.2				8.2		80	12		117		14		3480								1280	1090	90.0	0.07				0.01	2.10	1		
16	35.40			7.4	7.2				8.2		144	8		98		13		3790								1650	1290	90.0	0.08				0.01	1.80	1		
17	30.40			7.6	7.8				8.0		148	5		120		13		2850								1320	1090	100.0	0.08				0.01	3.30	1		
18	26.24			7.6	7.5				7.8		188	5		137		19		2710								1280	1090	100.0	0.08		6.40		0.01	4.30	1		
19	28.34			7.5	7.2				7.5		138	6		154		4		3120								1450	1170	100.0	0.07				0.01	3.90	1		
20	24.93			7.4	7.2				7.7		174	3		130		16		2740								1400	1170	100.0	0.07				0.01	3.20	1		
21	23.32			7.3	7.2				7.9		230	10		151		22		2790								1380	1070	100.0	0.07	3.87		0.01	5.50	1			
22	22.48			7.4	6.9				7.8		104	6		115		14		3210								1940	1380	110.0	0.08				0.01	5.60	1		
23	32.37			7.4	7.2				7.7		294	6		178		18		2790								1730	1350	100.0	0.08				0.01	4.00	1		
24	32.89			7.2	7.1				8.1		322	8		189		8		2710								1540	1220	90.0	0.08				0.01	3.00	1		
25	27.68			7.3	7.1				8.0		172	7		139		15		3000								1620	1230	110.0	0.07		5.70		0.01	4.50	1		
26	24.38			7.4	7.1				7.7		172	9		149		15		2890								1550	1190	120.0	0.08				0.01	3.10	1		
27	25.63			7.5	7.1				7.6		216	15		169		20		2700								1610	1280	130.0	0.08	3.06		0.01	3.90	1			
28	53.70			7.3	7.1				7.2		234	4		87		9		3910								1290	990	90.0	0.07				0.01	1.50	1		
29	35.76			7.6	7.4				7.7		126	3		105		6		3430								1570	1190	110.0	0.07				0.01	1.70	1		
30	30.49			7.4	7.1				7.2		188	4		91		11		3110								1630	1270	110.0	0.07				0.01	2.00	1		
31	63.30			7.9	7.1				7.1		132	8		87		11		2790								1810	1250	100.0	0.08				0.01	3.10	1		
Total	1048.5	0	0											87		11		2790								1810	1250	100.0	0.08				0.01	3.10	1		
Avg.	33.82			7.4	7.2				7.6		171	7		147		14		3035.5	0.0		0.0					1494.19	1188.39	97.42	0		3.08	5.08	0.01	2.77	1	0.01	270

Total Number of Sewer Connections: 0
 Residential Connections: _____
 Commercial Connections: _____
 Industrial Connections: _____
 Sewer Connections X 4 = 0

Industrial Waste Population Equivalent: _____
 Flow: 322126
 BOD: 243118
 TSS: 230088

Operator: Kevin Thompson
 Cert. #: #18871
 Phone #: 502-540-8042