



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

August 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
July 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 July 2009.

Also included are the 3rd quarter bio report, and the June overflow reports.

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 be "J. Kessel", written over a series of horizontal lines.

John Kessel
Process Supervisor, West Region

JMK/West County 0709

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

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

KY0078956	001 2
PERMIT NUMBER	DISCHARGE NUMBER

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

JEFF

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

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)	0	7/7	GR
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	2	*****	*****			DAILY GRAB	
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	36,665	46,034	(26)	*****	193	239	(19)	0	7/7	CP
DO310 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			DAILY COMPOS	
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	3121	3688	(26)	*****	16	22	(19)	0	7/7	CP
DO310 1 0 0	PERMIT REQUIREMENT	7506	11257		*****	30	45			DAILY COMPOS	
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.2	(12)	0	7/7	GR
DO400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			DAILY GRAB	
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	42,767	51,536	(26)	*****	212	228	(19)	0	7/7	CP
DO500 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			DAILY COMPOS	
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2344	2481	(26)	*****	12	13	(19)	0	7/7	CP
DO500 1 0 0	PERMIT REQUIREMENT	7506	11257		*****	30	45			DAILY COMPOS	
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
NITROGEN, AMMONIA (TOTAL AS N)	SAMPLE MEASUREMENT	3085	2964	(26)	*****	16	19	(19)	0	7/7	CP
DO610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			DAILY COMPOS	
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.J. Schander 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		
502	540-666	09	08	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.

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

001 2
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT
*** NO DISCHARGE 1 ***
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) 00610 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	786	994	(26)	*****	4	6	(19)	0	9/07	CP
	PERMIT REQUIREMENT	5004 MO AVG	7506 MX WK AV	BS/DY	*****	20 MO AVG	30 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, NITRATE TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1,239	1,472	(26)	*****	7	9	(19)	0	9/07	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	BS/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	315	442	(26)	*****	2.0	2.8	(19)	0	9/07	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	BS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	23.52	55.81	(03)	*****	*****	*****		0	en	en
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTIN	CONTIN
								***		UOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	24.30	56.75	(03)	*****	*****	*****		0	en	en
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTIN	CONTIN
								***		UOUS	
CHLORINE, TOTAL RESIDUAL 00360 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.010	(19)	0	9/07	GR
	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)	0	07/07	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	200 300 DA GED	400 #/ 7 DA GED	100ML		DAILY	GRAB

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			
Exec Dir H. T. Schadler, Jr.											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				502 540-1116		09 08 27			
						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 WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
6405 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

001 2
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT
*** NO DISCHARGE 12/1 ***

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

FROM

TO

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			
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		92	*****	*****	(23)	0	0 1/3	CA
BIOLOGICAL O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/ MONTH	CALCULATED
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		95	*****	*****	(23)	0	0 1/3	CA
BIOLOGICAL O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/ MONTH	CALCULATED
	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

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 508 546-6600
DATE 09 18 27
AREA CODE NUMBER YEAR MO DAY

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

USE MD AVG FOR BOD/TSS REMOVAL REPT IN MINIMUM COLUMN.

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

NAME DEREK R GUTHRIE WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
0408 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			001 R				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	07	01		07	07	31

MAJOR (SUBR LV)
F - FINAL
REASONABLE POTENTIAL
EFFLUENT
*** NO DISCHARGE ***
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)	PERMIT REQUIREMENT	*****	*****	*****	*****	<0.01	<0.01	(19)	0	01/31	CP
D1002 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	PERMIT REQUIREMENT										
	PERMIT REQUIREMENT										
	PERMIT REQUIREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
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			
EXEC DIR H.J. Schaefer, Jr.											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				508 540-1110		09	18	27	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						AREA CODE NUMBER		YEAR	MO	DAY	

NAME DEREK R GUTHRIE WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 4405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY DEREK R GUTHRIE WQTC MSD
 LOCATION LOUISVILLE KY 40272
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0007B956
 PERMIT NUMBER

001 Y
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL
 BIOMONITORING/METALS/QUARTERLY
 EFFLUENT
 *** NO DISCHARGE 1/1/1 ***

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 07 07 01 07 09 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			
HARDNESS, TOTAL (AS CaCO3) 00700 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	258	258	(19)	0	1/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			STRLY GRAB-2
ZINC TOTAL RECOVERABLE 01094 2 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0594	0.0594	(19)	0	1/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			STRLY GRAB-2
CADMIUM TOTAL RECOVERABLE 01110 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	.0001	.0001	(19)	0	1/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			STRLY GRAB-2
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.004	<0.004	(19)	0	1/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			STRLY GRAB-2
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.016	0.016	(19)	0	1/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			STRLY GRAB-2
TOXICITY, FINAL CONC TOXICITY UNITS 01405 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.00	(2F)	0	1/90	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.00 ACUTE	DAILY MX TOXCT			STRLY GRAB-2
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

502
 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 Month of: July 2009
 KPDES Permit Number: KY0078956 Plant Capacity: 30 MGD County: Jefferson 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. Setts.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col./100ml
1	21.53			7.4	7.1				7.1			226		7				209		9		4050				1380	1160	60.0	0.04		0.58		0.01	4.80	1
2	20.64			7.3	7.1				6.5			198		14				183		21		3420				1360	1090	60.0	0.04				0.01	5.90	1
3	20.00			7.2	7.1				6.1			256		11				184		19		3060				1510	1220	70.0	0.05				0.01	5.70	1
4	20.17			7.3	7.1				6.2			240		13				220		24		2820				1690	1330	70.0	0.04				0.01	6.00	1
5	21.01			7.3	7.1				6.2			218		11				226		31		2860				1540	1220	70.0	0.05			8.40	0.01	5.80	1
6	20.72			7.3	7.2				6.4			224		13				245		26		2820				1460	1160	70.0	0.05				0.01	6.10	1
7	19.74			7.3	7.1				6.4			234		15				233		21		2800				1570	1240	60.0	0.04		2.01		0.01	6.40	1
8	18.95			7.2	7.2				6.6			218		12				214		20		2760				1410	1110	70.0	0.05		2.01		0.01	5.60	1
9	18.76			7.2	7.1				7.1			254		11				262		18		2800				1460	1180	80.0	0.05				0.01	6.00	1
10	19.03			7.2	7.1				7.0			232		14				229		20		3100				1530	1220	80.0	0.05				0.01	6.10	1
11	19.20			7.2	7.1				6.8			190		14				395		21		2820				1650	1350	70.0	0.04				0.01	6.40	1
12	18.70			7.3	7.1				6.9			254		16				231		21		2840				1630	1350	90.0	0.06			9.00	0.01	6.80	1
13	18.29			7.2	7.1				6.6			238		12				209		15		3180				1780	1400	80.0	0.04				0.01	6.80	1
14	18.07			7.2	7.0				6.5			180		9				131		7		3070				1670	1390	80.0	0.05		2.46		0.01	5.90	1
15	21.34			7.2	7.1				7.1			88		6				111		13		2560				1590	1260	90.0	0.06				0.01	5.20	1
16	21.90			7.2	7.0				7.1			268		7				171		9		3900				1650	1310	80.0	0.05				0.01	3.60	1
17	26.85			7.7	7.1				7.1			228		11				437		10		3380				1490	1190	80.0	0.05				0.01	2.90	1
18	22.00			7.2	7.0				6.8			242		13				173		13		2820				1600	1320	100.0	0.06				0.01	2.90	1
19	20.12			7.3	7.1				6.6			152		15				190		18		3060				1830	1460	90.0	0.05			5.80	0.01	3.60	1
20	19.49			7.2	6.9				7.1			230		13				212		16		2780				1600	1300	90.0	0.06				0.01	3.50	1
21	19.02			7.1	7.0				7.1			196		12				210		13		2620				1530	1230	100.0	0.07		2.79		0.01	2.70	1
22	38.29			7.2	7.1				6.8			356		10				186		25		2760				1430	1180	100.0	0.07				0.01	2.90	1
23	35.52			7.2	7.1				6.7			124		11				94		8		3390				1390	1120	80.0	0.06				0.01	2.00	1
24	25.81			7.2	7.1				7.1			332		7				153		12		3230				1640	1310	90.0	0.05				0.01	2.10	1
25	25.11			7.4	7.0				7.0			190		10				120		8		3650				1460	1110	90.0	0.06				0.01	2.80	1
26	23.32			7.4	7.0				6.6			184		12				136		17		3960				1540	1140	90.0	0.06			5.70	0.01	3.30	1
27	21.53			7.2	7.1				6.8			138		12				148		12		3050				1820	1390	100.0	0.05				0.01	3.30	1
28	21.19			7.3	7.1				6.8			218		16				208		17		3060				1760	1420	100.0	0.06		1.83		0.01	4.30	1
29	56.75			7.1	7.1				7.1			256		15				97		15		3670				1500	1230	100.0	0.07				0.01	1.60	1
30	40.88			7.2	7.2				7.0			92		10				88		8		3685				1070	830	60.0	0.06			<0.010	1.60	1	
31	39.48			7.2	7.2				6.9			124		9				80		8		3190				1170	890	60.0	0.05				0.01	1.20	1
Total	753.4	0	0																		0.0		0.0												
Avg.	24.30			7.3	7.1				6.8			212		12				193		16		3134.4				1539.03	1229.35	80.97	0.05		1.95	7.23	0.01	4.32	1

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent _____ Operator Thompson
 Residential Connections: _____
 Commercial Connections: _____ 231457 230187 204867
 Industrial Connections: _____ Flow BOD TSS Cert. # 18871
 Sewer Connections X 4 = 0 Phone # 540-6031



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

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

KPDES # KY0078956	Facility ID MSD0277	Water Quality Treatment Center DEREK R. GUTHRIE	Receiving Stream of Treatment Center OHIO RIVER	Region WEST						
Facility Type SMH Sewer Manhole	Facility ID 22370	Facility Address 6615 MOORMAN RD	If Pump Station, Name of Pump Station:	Receiving Stream MILL CREEK	Discharge to GROUND					
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 936222	<u>Initiated</u> 07/29/09 03:33 PM	<u>Initiated By</u> GRIFFITH	<u>Assigned To</u> GRIFFITH	<u>Disch Status</u> DOCUMENTED	<u>Status Date</u> 12/19/02	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 07/30/09 10:00 AM	<u>Condition</u>

Spot Inspections:

Discharge Amount: 320,000 GAL
Cause: LACK OF SYSTEM CAPACITY-HEAVY RAIN
Clean Up: A CLEAN-UP WORK ORDER WILL BE CREATED FOR I&FP FOR THIS LOCATION
Control Zone: NONE NEEDED-LOCATION IN VERY REMOTE ISOLATED AREA
Impact: SOLIDS AND DEBRIS OBSERVED AROUND DISCHARGE SITE
Repair: THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED ON DECEMBER 31, 2008

Notifications:

07/29/09 03:33 PM DIS PUB PUBLIC NOTIFIED THROUGH DOOR HANGERS AND TEMPORARY SIGNS TO AVOID DIRECT CONTACT WITH DISCHARGED CONTENT
07/29/09 01:00 PM DIS NOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/29/09 01:00 PM DISS NO Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Initiated Jul 01, 2009 12:00 AM thru Jul 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						
Facility Type SMH Sewer Manhole	Facility ID 94541	Facility Address 7420 VAUGHN MILL RD	If Pump Station, Name of Pump Station:	Receiving Stream PENNSYLVANIA RUN	Discharge to DITCH					
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 935741	<u>Initiated</u> 07/29/09 08:50 AM	<u>Initiated By</u> ELDER	<u>Assigned To</u> LAMB DIN JR	<u>Disch Status</u> DOCUMENTED	<u>Status Date</u> 07/29/09	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 07/29/09 09:17 AM	<u>Condition</u>

Spot Inspections:

Discharge Amount: 675 GAL
Cause: LACK OF CAPACITY DUE TO RAIN EVENT IN AREA
Clean Up: MSD CLEANED & SANITIZED THE AREA
Control Zone: TEMPORARY SIGNS PLACED AROUND AFFECTED AREA
Impact: SEWAGE OBSERVED
Repair: THIS SITE FOUND DURING RAIN EVENT RECON- WILL MONITOR & EVALUATE FOR REPAIR

Notifications:

07/29/09 09:18 AM DIS PUB Temporary signs posted around affected area
07/29/09 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
07/29/09 01:00 AM DISS NO Supplemental Email notification of unauthorized discharge has been 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	Water Quality Treatment Center DEREK R. GUTHRIE		Receiving Stream of Treatment Center OHIO RIVER		Region WEST				
Facility Type SMH Sewer Manhole	Facility ID 94542	Facility Address 7201 OUTER LOOP	If Pump Station, Name of Pump Station:		Receiving Stream PENNSYLVANIA RUN	Discharge to DITCH				
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 935747	<u>Initiated</u> 07/29/09 08:50 AM	<u>Initiated By</u> ELDER	<u>Assigned To</u> LAMB DIN JR	<u>Disch Status</u> DOCUMENTED	<u>Status Date</u> 07/29/09	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 07/29/09 09:17 AM	<u>Condition</u>

Spot Inspections:

Discharge Amount: 675 GAL
Cause: LACK OF SYSTEM CAPACITY
Clean Up: MSD CLEANED & SANITIZED THE AREA
Control Zone: TEMPORARY SIGNS POSTED
Impact: SEWAGE OBSERVED
Repair: THIS SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED & EVALUATED FOR REPAIR

Notifications:

07/29/09 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/29/09 08:50 AM DISPUB Temporary signs posted
07/29/09 01:00 AM 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 Jul 01, 2009 12:00 AM thru Jul 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 SLS Sewer Lift Station	Facility ID MSD0101-PS	Facility Address 9317 LANTANA DR	If Pump Station, Name of Pump Station: LANTANA DRIVE #1	Receiving Stream PENNSYLVANIA RUN	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	936240	07/29/09 08:00 AM	MARKS JR	PATTERSON	DOCUMENTED	12/16/00	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	07/29/09 11:00 AM	

Spot Inspections:

Discharge Amount:	10,125 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	NO DEBRIS OBSERVED
Control Zone:	TEMP SIGNS POSTED
Impact:	NO IMPACT OBSERVED
Repair:	SITE FOUND DURING RAIN EVENT RECON- WILL MONITOR AND EVALUATE FOR REPAIR HAUL WO#936781

Notifications:

07/29/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/29/09 11:00 AM	DISPUB	Temporary signs posted
07/29/09 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

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													
Facility Type SLS Sewer Lift Station		Facility ID MSD0130-PS		Facility Address 6102 COOPER CHAPEL RD		If Pump Station, Name of Pump Station: COOPER CHAPEL		Receiving Stream FISHPOOL CREEK		Discharge to DITCH											
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE		<u>WO #</u> 936228		<u>Initiated</u> 07/29/09 08:15 AM		<u>Initiated By</u> MARKS JR		<u>Assigned To</u> PATTERSON		<u>Disch Status</u> DOCUMENTED		<u>Status Date</u> 08/30/05		<u>Problem</u> LACK OF SYSTEM CAPACITY		<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS		<u>Completed</u> 07/29/09 10:00 AM		<u>Condition</u>	

Spot Inspections:

Discharge Amount: 5,250 GAL
Cause: LACK OF SYSTEM CAPACITY
Clean Up: MSD CLEANED & SANITIZED THE AREA
Control Zone: TEMPORARY SIGNS WERE POSTED
Impact: SOLIDS & SEWAGE WERE OBSERVED
Repair: HAULED WO#936779

Notifications:

07/29/09 05:43 PM DIS PUB msd notified public through web site
07/29/09 01:00 PM DIS NOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/29/09 01:00 PM DISS NO Supplemental Email notification of unauthorized discharge has been 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	Water Quality Treatment Center DEREK R. GUTHRIE	Receiving Stream of Treatment Center OHIO RIVER	Region WEST						
Facility Type SLS Sewer Lift Station	Facility ID MSD0180-PS	Facility Address 7201 OUTER LOOP	If Pump Station, Name of Pump Station: GOVERNMENT CENTER	Receiving Stream PENNSYLVANIA RUN	Discharge to DITCH					
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 935739	<u>Initiated</u> 07/29/09 08:50 AM	<u>Initiated By</u> ELDER	<u>Assigned To</u> LAMB DIN JR	<u>Disch Status</u> DOCUMENTED	<u>Status Date</u> 12/16/00	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 07/29/09 09:17 AM	<u>Condition</u>

Spot Inspections:

Discharge Amount: 675 GAL

Cause: LACK OF CAPACITY DUE TO RAIN EVENT IN AREA

Clean Up: MSD CLEANED & SANITIZED THE AREA

Control Zone: PERMENT SIGNS

Impact: SEWAGE OBSERVED

Repair: THIS SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED & EVALUATED FOR REPAIR

Notifications:

07/29/09 09:14 AM DISPUB Permenant signs in area

07/29/09 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

07/29/09 01:00 AM DISSNO Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Initiated Jul 01, 2009 12:00 AM thru Jul 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						
Facility Type SLS Sewer Lift Station	Facility ID MSD1010-PS	Facility Address 5007 LEA ANN WAY	If Pump Station, Name of Pump Station: LEA ANN WAY	Receiving Stream NORTHERN DITCH	Discharge to STREAM					
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 936016	<u>Initiated</u> 07/29/09 10:00 AM	<u>Initiated By</u> SINGLETON	<u>Assigned To</u> PATTERSON	<u>Disch Status</u> DOCUMENTED	<u>Status Date</u> 12/15/07	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 07/29/09 11:00 AM	<u>Condition</u>

Spot Inspections:

Discharge Amount: 30,000 GAL
Cause: LACK OF SYSTEM CAPACITY
Clean Up: MSD CLEANED & SANITIZED THE AREA
Control Zone: TEMPORARY SIGNS ARE POSTED
Impact: SEWAGE OBSERVED
Repair: WILL MONITOR & EVALUATE SITE FOR REPAIR

Notifications:

07/29/09 10:00 AM DIS PUB Temporary signs are posted.
07/29/09 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



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

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

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region
KY0078956 (Cont'd)	MSD0277	DEREK R. GUTHRIE	OHIO RIVER	WEST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SLS Sewer Lift Station	MSD1013-PS	9114 CINDERELLA LN	CINDERELLA	FISHPOOL CREEK	DITCH

<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	936223	07/29/09 08:30 AM	MARKS JR	PATTERSON	DOCUMENTED	11/29/01	ELECTRICAL PROBLEMS AT MSD	UNAUTHORIZED DISCHARGE - WATERS	07/29/09 12:50 PM	

Spot Inspections:

Discharge Amount:	6,500 GAL
Cause:	#1 PUMP TRIPPED OUT
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS WERE PLACED AROUND THE AFFECTED AREA
Impact:	SOLIDS WERE OBSERVED
Repair:	HAULED TO PREVENT FURTHER OVERFLOW; CONTRACTOR REPAIRING PUMP

Notifications:

07/29/09 05:23 PM	DISPUB	Temporary signs were placed around the affected area
07/30/09 03:31 PM	DISNOT	Manually sent email notification of unauthorized discharge to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
07/29/09 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