



*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)

July 22, 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  
June 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 June 2009.

Also included are the 2<sup>nd</sup> 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 read "John Kessel". The signature is stylized and cursive.

John Kessel  
Process Supervisor, West Region

JMK/West County 0609

Enclosures

cc: C. Roth  
T. Singleton  
R. Shaw



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

June 29, 2009

Mr. Charlie Roth, District Supervisor  
KY Division of Water  
Louisville Regional Office  
9116 Leesgate Road  
Louisville, KY 40222-5084

**Re: Bypass Report for the Derek R Guthrie WQTC – KPDES Permit KY0078956**

Dear Mr. Roth:


This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 PM on June 26, 2009, referencing Work Order 923712 as a Dry Weather Bypass. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the hypass event:

- Description of the noncompliance and its cause: The #1 Hypochlorite pump experienced an internal, mechanical failure. However, the pump continued to run which thus, prevented the alarm from triggering a faster response.
- Period of noncompliance: Starting 11:12 AM on June 25, 2009 and stopping 06:30 AM on June 26, 2009.
- Steps taken or planned to reduce, eliminate and prevent recurrence: This will include running an additional hypochlorite pump to adjust automatically if the CL2 dose is not maintained. Also further investigation will be done to enhance the existing alarms on the Hypochlorite feed system. Also the KDOW hotline was called at 10:30am on June 26, 2009, and incident # 2297540 was issued .

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-540-6031, my cell phone at (502)-648-5984 or via email at [Kessel@msdlouky.org](mailto:Kessel@msdlouky.org).

Sincerely,

  
John Kessel  
Process Supervisor-Operations

cc: Gary Levy, KDEP  
Paula Purifoy, MSD  
eB File





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
SMH Sewer Manhole	74835	7000 VENETIAN WAY		BIG RUN	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	921204	06/18/09 12:02 PM	ELDER	KAISER	REPAIRED - ISSUE RESOLVED	06/18/09	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 12:40 PM	

**Spot Inspections:**

Discharge Amount: 3,800 GAL  
Cause: LOSS OF LG&E POWER DUE TO STORM IN THE AREA  
Clean Up: MSD CLEANED & SANITIZED AREA  
Control Zone: TEMPORARY SIGNS PLACED  
Impact: SEWAGE & PERSONAL HYGEINE PRODUCTS WERE OBSERVED.  
Repair: GENERATOR PLACED @ STATION TILL POWER RESTORED

**Notifications:**

06/18/09 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
06/18/09 12:02 PM DISPUB Temporary signs placed around effected area  
06/18/09 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 #	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
SPL Sewer Treatment Plant	MSD0277	11621 LOWER RIVER RD		OHIO RIVER	STREAM

<u>Activity Code / Description</u>	<u>WQ #</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>
DISDW: DRY WEATHER DISCHARGE	923712	06/25/09 11:12 AM	SINGLETON	THOMPSON	DOCUMENTED	10/17/06	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE - WATERS	06/26/09 08:30 AM	

**Spot Inspections:**

Discharge Amount: 20,500,000 GAL  
 Cause: MECHANICAL FAILURE- #1 HYPO PUMP NOT PUMPING  
 Clean Up: NO DEBRIS; PIPE DISCHARGE SUBMERGED  
 Control Zone: NO CONTROL ZONE- PIPE DISCHARGE SUBMERGEED  
 Impact: NO IMPACT OBSERVED  
 Repair: OPERATOR STARTED #2 HYPO PUMP

**Notifications:**

06/26/09 12:00 AM DISNOT Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
 06/26/09 10:53 AM DISPUB Permanent signs posted & posted on Project W/N website

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	921021	06/18/09 11:50 AM	RHODES	HOLLEY	DOCUMENTED	03/04/08	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 03:30 PM	

**Spot Inspections:**

Discharge Amount: 6,600 GAL

Cause: LACK OF SYSTEM CAPACITY

Clean Up: MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA

Control Zone: MSD PERSONNEL PLACE SIGNS & CAUTION TAPE TO ADVISED THE CUSTOMER TO AVOID CONTACT IN THE AREA

Impact: MSD PERSONNEL OBSERVED SEWAGE COMING UP FROM MANHOLE.

Repair: A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN SUBMITTED DECEMBER 2008

**Notifications:**

06/18/09 02:16 PM      DISPUB      MSD PERSONNEL SPOKE WITH THE PROPERTY OWNER TO ADVISE OF DISCHARGE

06/18/09 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

<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	921294	06/18/09 01:00 PM	SINGLETON	RYAN	DOCUMENTED	12/15/07	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE - WATERS	06/18/09 04:00 PM	

**Spot Inspections:**

Discharge Amount: 2,000 GAL  
 Cause: STREET FLOODED  
 Clean Up: NO CLEAN UP NEEDED  
 Control Zone: BARRICADES, ROAD CLOSURE & TEMPORARY SIGNS  
 Impact: ROAD DEBRIS OBSERVED; NO SEWAGE DEBRIS  
 Repair: WATER RECEDED

**Notifications:**

06/18/09 01:00 PM	DISPUB	Barricades, road closure & temporary signs
06/19/09 01:22 PM	DISNOT	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
06/19/09 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

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

KPDES #	Facility ID	Water Quality Treatment Center	Receiving Stream of Treatment Center	Region						
KY0078956	MSD0277	DEREK R. GUTHRIE	OHIO RIVER	WEST						
Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to					
SPL Sewer Treatment Plant	MSD0277	11621 LOWER RIVER RD		OHIO RIVER	STREAM					
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Status Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	923712	06/25/09 11:12 AM	SINGLETON	THOMPSON	DOCUMENTED	10/17/06	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE - WATERS	06/26/09 06:30 AM	

**Spot Inspections:**

Discharge Amount: 20,500,000 GAL  
 Cause: MECHANICAL FAILURE- #1 HYPO PUMP NOT PUMPING  
 Clean Up: NO DEBRIS; PIPE DISCHARGE SUBMERGED  
 Control Zone: NO CONTROL ZONE- PIPE DISCHARGE SUBMERGEED  
 Impact: NO IMPACT OBSERVED  
 Repair: OPERATOR STARTED #2 HYPO PUMP

**Notifications:**

06/26/09 12:00 AM DISNOT Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov  
 06/26/09 10:53 AM DISPUB Permanent signs posted & posted on Project WIN website

Total Facilities Printed: 3  
 Total Work Orders Printed: 3

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

NAME MSO WEST COUNTY STP  
ADDRESS 0/D CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY MSO WEST COUNTY STP  
LOCATION LOUISVILLE KY 40272  
ATTN DENNIS THOMASSON, SR METRO DPS

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

AV0078755  
PERMIT NUMBER  
0012  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	06	21		07	06	20

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, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6	*****	*****	MG/L	0	0/1	GR
BOD, 5-DAY (20 DEG. C) 00310 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L	0	0/1	CP
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	32.63	37.147	LBS/DY	*****	150	170	MG/L	0	0/1	CP
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7505	11257	LBS/DY	*****	30	45	MG/L	0	0/1	CP
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.9	*****	7.2	BU	0	0/1	GR
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L	0	0/1	CP
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	40.848	51.553	LBS/DY	*****	184	201	MG/L	0	0/1	CP
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7505	11257	LBS/DY	*****	30	45	MG/L	0	0/1	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L	0	0/1	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3322	3852	LBS/DY	*****	15	19	MG/L	0	0/1	CP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Exec Dir  
H.J. Schneider, 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  
502 540-6666  
DATE  
09 07 24

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)

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

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

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

KY00/8758  
PERMIT NUMBER  
01  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	09	02		07	09	02

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) 00610 1 0 0 EFFLUENT GROSS VALUE	780	944	( 20 )	*****	4	4	( 17 )	0	0/01	CP	
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	MO AVG	MX WK AV	MG/L				
NITROGEN, NITRATE TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	1133	1314	( 20 )	*****	6	6	( 17 )	0	01/07	CP	
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	MO AVG	MX WK AV	MG/L				
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	387	425	( 20 )	*****	2.0	2.4	( 17 )	0	01/07	CP	
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	MO AVG	MX WK AV	MG/L				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 80050 0 0 0 RAW SEW/INFLUENT	25.89	42.07	( 03 )	*****			*****	0	01	01	
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD			*****				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 80050 1 0 0 EFFLUENT GROSS VALUE	27.09	44.13	( 03 )	*****			*****	0	01	01	
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD			*****				
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE			*****	*****		<0.010	( 17 )	0	01/01	CR	
	PERMIT REQUIREMENT		*****	*****		DAILY MX	MG/L				
CULIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE			*****	*****		1	( 17 )	0	0/01	GR	
	PERMIT REQUIREMENT		*****	*****		300A GEO	7 DA GEO				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Exec Dir  
H.J. Schade 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  
504 540-6006 09 07 24  
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 MSD WEST COUNTY STP  
 ADDRESS C/O CEDAR CREEK STP  
 2406 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY MSD WEST COUNTY STP  
 LOCATION LOUISVILLE KY 40272  
 ATTN DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER 870078750  
 DISCHARGE NUMBER 0012

MAJOR (SUBP LV)  
 F - FINAL  
 MUNICIPAL WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE 1-1 \*\*\*

Form Approved  
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
87	06	01		87	06	30

FROM

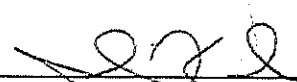
TO

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			
BOD, 5-DAY PERCENT REMOVAL		*****	*****		90	*****	*****	PERCENT	0	1/30	CA
BOD, 5-DAY PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	MD AVG	*****	*****	PERCENT		1/30	CA
SOLIDS, SUSPENDED PERCENT REMOVAL		*****	*****		94	*****	*****	PERCENT	0	1/30	CA
SOLIDS, SUSPENDED PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	MD MIN	*****	*****	PERCENT		1/30	CA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Dir  
 H.J. Schade, 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 502 546-6600  
 DATE 09 07 24  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE MD AVG FOR BOD/TSS 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  
 2405 CEDAR CREEK RD  
 LOUISVILLE KY 40211

FACILITY MSD WEST COUNTY STP

LOCATION LOUISVILLE KY 40272

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KT0078736  
 PERMIT NUMBER

001 R  
 DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL

Form Approved.  
 OMB No. 2040-0004

REASONABLE POTENTIAL  
 EFFLUENT

\*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
09	07	01		09	07	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			
CHROMIUM, HEXAVALENT (AS CR)		*****	*****		*****	<0.01	<0.01	MG/L	0	0/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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  
 502 541-6000  
 DATE  
 09 07 24  
 AREA CODE NUMBER YEAR MO DAY

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

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

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

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

PERMIT NUMBER KY0076756  
 DISCHARGE NUMBER 0017

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01		07	06	01

MAJOR (SUBR LV)  
 F - FINAL JEFFE  
 B IOMONITORING/METALS- QUARTERLY  
 EFFLUENT  
 \*\*\* NO DISCHARGE 1 1 \*\*\*

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			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	243	256	177	0	3/90	GR-2
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	0.0414	0.0414	177	0	1/90	GR-2
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L			
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.0001	<0.0001	177	0	1/90	GR-2
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L			
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.004	<0.004	177	0	1/90	GR-2
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L			
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	0.006	0.006	177	0	1/90	GR-2
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	MG/L			
TOXICITY, FINAL CIVIL TOXICITY UNITS 51406 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****		<1.0	177	0	1/90	GR-2
	PERMIT REQUIREMENT	*****	*****	***	*****		1.00 ACUTE DAILY MX TOXCTY				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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	DATE		
			AREA CODE NUMBER 502 540-6600	YEAR 09	MO 07	DAY 24

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

Name of Sewage Treatment Plant:

West County WTP

Jefferson

Month of:

June

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							
		Cril 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	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) X 1000 #1&#2	MLVSS (mg/L) X 1000 #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	19.86			7.2	6.9				7.4		246		12			188			12			2990					1720	1440	200.0	0.12				0.01	3.80	1		
2	19.00			7.2	7.0				7.4		142		9			167			14			3280					1810	1420	180.0	0.10				0.01	2.60	1		
3	19.40			7.2	7.0				7.6		194		9			157			13			2850					1860	1430	170.0	0.10	2.41			0.01	3.80	1		
4	21.15			7.2	7.0				7.3		228		16			169			16			2980					1770	1540	150.0	0.08				0.01	3.30	1		
5	21.19			7.3	7.0				7.3		168		8			156			13			2980					1860	1380	150.0	0.09				0.01	2.00	1		
6	19.41			7.2	7.1				7.1		210		8			174			7			2620					1810	1590	190.0	0.10				0.01	2.60	1		
7	18.80			7.4	7.1				6.8		188		13			176			20			2480					1690	1450	140.0	0.08		6.00		0.01	4.40	1		
8	18.90			7.2	7.0				6.6		208		8			196			20			2630					1590	1320	130.0	0.08				0.01	4.10	1		
9	18.00			7.4	7.1				6.3		382		15			229			33			2620					1420	1220	130.0	0.09	2.25			0.01	6.00	1		
10	20.43			7.6	7.1				7.2		148		13			127			17			2550					1500	1340	110.0	0.07	2.43			0.01	5.00	1		
11	36.55			7.2	7.0				7.3		128		14			134			21			2780					1430	1230	90.0	0.06				0.01	2.80	1		
12	44.13			7.1	7.0				7.4		142		10			93			9			4180					1810	1440	80.0	0.04				0.01	2.30	1		
13	27.69			7.3	7.0				7.0		152		12			195			17			3020					1270	1050	80.0	0.05				0.01	3.20	1		
14	24.80			7.2	7.1				7.2		172		14			183			20			2980					1280	1090	100.0	0.08		5.50		0.01	3.40	1		
15	24.31			7.3	7.2				7.1		188		15			192			18			3130					1320	1110	100.0	0.08				0.01	3.90	1		
16	27.13			7.3	7.2				7.3		366		9			142			19			2790					1590	1270	100.0	0.06	1.88			0.01	3.80	1		
17	26.69			7.3	7.0				7.6		146		13			110			7			2840					1280	1020	100.0	0.08				0.01	3.10	1		
18	41.24			7.3	7.0				7.6		264		10			162			10			4380					1570	1510	100.0	0.06				0.01	3.40	1		
19	38.70			7.2	7.1				8.1		166		10			50			9			3450					1450	1190	90.0	0.06				0.01	2.10	1		
20	29.00			7.4	7.2				7.9		106		8			95			8			3970					2210	1890	90.0	0.04				0.01	2.60	1		
21	25.79			7.2	7.2				7.6		174		8			170			15			2970					1530	1320	120.0	0.08		5.30		0.01	3.90	1		
22	37.25			7.3	7.1				7.1		262		11			186			19			3220					1530	1160	80.0	0.05				0.01	3.90	1		
23	35.26			7.3	7.1				7.6		122		10			109			14			3640					1420	1080	100.0	0.07	1.25			0.01	2.60	1		
24	26.06			7.3	7.2				7.4		152		7			144			11			3570					1500	1140	100.0	0.07				0.01	3.40	1		
25	25.21			7.3	7.1				7.3		184		7			162			19			3580					1380	1100	100.0	0.07				0.01	4.30	1		
26	37.68			7.3	7.2				7.2		140		8			112			14			3310					1470	1180	100.0	0.07				0.01	3.60	1		
27	33.17			7.3	7.2				7.2		138		15			115			13			2650					1050	850	60.0	0.06				0.01	3.30	1		
28	25.42			7.2	7.2				7.0		156		7			167			16			2570					1180	950	60.0	0.05		6.20		0.01	4.20	1		
29	25.45			7.2	7.2				6.5		148		9			152			17			2320					1140	950	60.0	0.05				0.01	4.80	1		
30	23.12			7.2	7.1				6.0		110		7			95			16			2670					1330	1070	80.0	0.05				0.01	4.80	1		
31																																						
Total	812.7	0	0																																			
Avg.	27.09			7.3	7.1				7.2		184		11			150			15			3060.0					1512.67	1257.67	110.67	0.07	2.04	5.75	0.01	3.56	1			

Total Number of Sewer Connections: 0

Residential Connections:

Commercial Connections:

Industrial Connections:

Sewer Connections X 4 = 0

Industrial Waste Population Equivalent

258003

199563

198319

Flow

BOD

TSS

Operator

Ken Jones

Cert. #

18063

Phone #

540-6042