



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

March 26, 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
April 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 April 2009.

During the month of April the DRG operator failed to take the Hexavalent Chromium sample. Due to this sample being overlooked I am revising the Sampling Procedure and will retrain all operators on the new procedure. The next sample for Hexavalent Chromium was taken on May 12, 2009 and the result was .01 mg/l.

Also included is an April overflow report.

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 0409

Enclosures

cc: C. Roth
T. Singleton
R. Shaw



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

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

MAJOR
SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT
*** NO DISCHARGE 1-1-88 ***

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

NAME MSW WEST COUNTY STP
ADDRESS 070 CEDAR CREEK STP
18402 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSW WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN DENNIS THOMASSON, SR METRO OPS

070078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

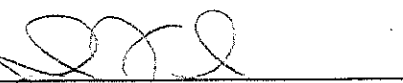
MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY
	87	06	01		88	01	01

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 DEPLETED (OD) EFFLUENT GROSS VALUE	*****	*****	*****	*****	7	*****	*****	MG/L	0	0%	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	INST MIN	*****	*****	MG/L			
OD (20 DEG C) RAW SEW/INFLUENT	41.146	59.821	LBS/DY	*****	179	241	MG/L	0	0%	CP	
PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L				
OD (20 DEG C) EFFLUENT GROSS VALUE	4.032	5.200	LBS/DY	*****	17	19	MG/L	0	0%	CP	
PERMIT REQUIREMENT	7506 MO AVG	11257 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L				
PH EFFLUENT GROSS VALUE	*****	*****	*****	*****	6.9	7.3	BU	0	0%	GR	
PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 MINIMUM	7.0 MAXIMUM	BU				
SOLIDS, TOTAL SUSPENDED RAW SEW/INFLUENT	38,816	44,273	LBS/DY	*****	169	184	MG/L	0	0%	CP	
PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L				
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	2.008	2.154	LBS/DY	*****	8	10	MG/L	0	0%	CP	
PERMIT REQUIREMENT	7506 MO AVG	11257 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L				
NITROGEN, AMMONIA TOTAL (AS N) RAW SEW/INFLUENT	2.939	3034	LBS/DY	*****	13	14	MG/L	0	0%	CP	
PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H. J. Schmitt, 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
AREA CODE NUMBER
DATE
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MO AVG FOR OD/TSS REMOVAL IN MINIMUM COLUMN.

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

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

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

NAME: METRO WEST COUNTY WTP
ADDRESS: 670 CEDAR CREEK ST
3045 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY: WEST COUNTY WTP
LOCATION: LOUISVILLE KY 40272
ATTN: DENNIS THOMASSEN, RR METRO OPS

PERMIT NUMBER: KY0078952

DISCHARGE NUMBER: 0012

MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY
	07	07	01			07	00

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)	SAMPLE MEASUREMENT	1274	1391	(25)	*****	5	6	(17)	0	01/01	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3004 MO AVG	7502 MX WK AV	LBS/DY	*****	20 MO AVG	30 MX WK AV	MG/L		WEEKLY	CONFOB
NITROGEN, NITRATE TOTAL (AS N)	SAMPLE MEASUREMENT	1858	2099	(25)	*****	8	9	(17)	0	01/01	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	CONFOB
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	402	537	(20)	*****	1.5	1.7	(17)	0	01/01	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	CONFOB
FLOW BY CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	24.80	53.77	(05)	*****				0	CN	CN
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****					WEEKLY	CONFOB
FLOW BY CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	28.75	54.58	(05)	*****				0	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****					WEEKLY	CONFOB
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****		40.00	(17)	0	01/01	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****		DAILY MX	MG/L		WEEKLY	CONFOB
CHLORINE, GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(17)	0	01/01	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	MG/L		WEEKLY	CONFOB
						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.				TELEPHONE		DATE			
Exec Dir H.J. Scheider Jr TYPED OR PRINTED						502 546-6000		09 05 26			
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MO AVG FOR 300/750 REMV, REPT IN MINIMUM COLUMN.

NAME MSP MEDICAL COUNTY STP
ADDRESS 670 CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY NEW WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN QUANTIS THOMPSON SR METRO OPS

470072756 PERMIT NUMBER
001 2 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	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			
BOD5 5-DAY PERCENT REMOVAL	*****	*****	*****		91%	*****	*****	(20)	0	0/30	CH
BOD5 5-DAY PERCENT REMOVAL	*****	*****	*****	***	NO AVG	*****	*****	PER-CENT		MONTH	
SOLIDS SUSPENDED PERCENT REMOVAL	*****	*****	*****		99%	*****	*****	(20)	0	0/30	CH
SOLIDS SUSPENDED PERCENT REMOVAL	*****	*****	*****	***	NO MIN	*****	*****	PER-CENT		MONTH	
	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. 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 502 540-6600
DATE 09 05 26
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE NO AVG FOR BOD5% REMOVAL IN MINIMUM COLUMN.

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

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

Form Approved.
OMB No. 2040-0004

NAME HBS WEST COUNTY STP
ADDRESS 670 CEDAR CREEK STP
8908 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY HBS WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTY DENNIS THOMASSON SR METRO OPS

PERMIT NUMBER KY0078956

DISCHARGE NUMBER 0018

MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY

MAJOR (SUBR LV)
F - FINAL
REASONABLE POTENTIAL
EFFLUENT
*** NO DISCHARGE 1 ***

JEFFE

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			
CHROMIUM HEXAVALENT (AS CR)		*****	*****		*****	Q	Q	MG/L	1	9/30	CR
EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H J Schmidt, Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 540-1000
DATE
09 05 26
AREA CODE NUMBER YEAR MO DAY

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

Please See Cover letter for Explanation of Exceedance

Name of Sewage Treatment Plant: _____

West County WTP

Jefferson

Month of: _____

April

2009

KPDES Permit Number: _____

KY0078956

Plant Capacity: _____

30 MGD

County

Receiving Stream: _____

Ohio River

Date	Total Flow (MG)	Raw Sewage		pH		Settleable Solids (mg/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) X 1000 #1	MLVSS (mg/L) X 1000 #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	21.17			7.3	7.0					7.5			148		10				302		22					1310	1110	130.0	0.10					0.01	5.60	1			
2	21.55			7.2	6.9					7.6			258		6				425		18					1270	1070	120.0	0.09					0.01	4.80	1			
3	50.28			7.2	7.2					8.0			120		7				192		22				2560	930	780	90.0	0.10					0.01	3.80	1			
4	40.82			7.2	7.2					8.1			110		7				201		19				3480	790	690	60.0	0.08					0.01	4.90	1			
5	31.08			7.4	7.3					8.1			148		8				229		21				2890	1130	910	100.0	0.09			8.10		0.01	5.30	1			
6	30.40			7.3	7.2					8.0			136		9				186		18				2910	1160	990	110.0	0.09					0.01	5.70	1			
7	26.86			7.3	7.2					8.1			134		8				150		16				2940	1300	1120	120.0	0.09	1.43				0.01	5.70	1			
8	24.38			9.5	7.3					8.1			178		10				171		18				2880	1250	1010	100.0	0.08					0.01	5.60	1			
9	22.65			7.7	7.2					8.1			182		6				167		11				3000	1390	1080	120.0	0.09					0.01	6.20	1			
10	23.04			7.3	7.2					8.0			272		6				185		12				2760	1500	1280	120.0	0.08					0.01	5.80	1			
11	29.50			7.2	7.1					7.3			178		9				183		18				3290	1510	1110	110.0	0.07					0.01	5.70	1			
12	25.21			7.3	7.0					7.0			140		9				195		21				3040	1340	1100	110.0	0.08			8.60		0.01	6.30	1			
13	24.74			7.4	7.2					8.0			198		11				221		23				3090	1430	1180	110.0	0.08					0.01	6.80	1			
14	33.92			7.2	7.1					8.1			140		11				140		20				3370	1240	1080	110.0	0.09	1.48				0.01	5.30	1			
15	27.87			7.3	7.2					8.0			188		9				169		19				3470	1310	1140	110.0	0.08					0.01	5.40	1			
16	24.59			7.4	7.2					8.2			160		8				162		16				3090	1420	1180	110.0	0.08					0.01	5.70	1			
17	22.57			7.3	7.2					8.0			186		8				163		15				2850	1360	1170	120.0	0.09					0.01	6.00	1			
18	22.14			7.4	7.1					8.1			190		7				172		11				2970	1360	1140	120.0	0.09					0.01	6.30	1			
19	33.60			7.3	7.1					8.0			232		17				152		26				2840	1360	1160	130.0	0.10			7.10		0.01	5.00	1			
20	54.58			7.2	7.1					7.2			98		7				82		9				3780	910	770	80.0	0.09					0.01	3.50	1			
21	49.53			7.4	7.3					7.9			130		15				127		18				3690	1070	780	90.0	0.08	1.30				0.01	4.90	1			
22	31.86			7.3	7.2					7.8			140		6				113		10				3820	1430	1190	120.0	0.08					0.01	4.10	1			
23	27.77			7.3	7.1					8.2			114		7				98		10				4820	950	770	120.0	0.13					0.01	5.00	1			
24	25.50			7.5	7.1					6.7			188		6				195		11				3740	1690	1430	130.0	0.08					0.01	5.90	1			
25	23.78			7.2	7.1					8.0			246		7				170		9				4980	1540	1140	130.0	0.08					0.01	5.80	1			
26	22.71			7.3	7.2					7.7			168		8				147		19				3400	1640	1370	140.0	0.09			8.10		0.01	6.40	1			
27	21.99			7.3	7.1					8.3			192		8				192		21				3560	1550	1260	140.0	0.09					0.01	7.00	1			
28	23.59			7.3	7.1					8.2			178		10				183		21				3660	1930	1500	150.0	0.08	1.68				0.01	6.00	1			
29	22.92			7.3	7.2					8.0			136		6				112		14				3830	1720	1440	140.0	0.08					0.01	5.20	1			
30	21.80			7.2	7.1					8.0			180		7				197		14				3330	1830	1470	140.0	0.08					0.01	5.00	1			
31																																							
Total	862.4	0	0																						0.0	0.0													
Avg.	28.75			7.4	7.2					7.9			169		8				179		17				3305.7	1354.00	1117.33	116.00	0	1.47	7.98	0.01	5.49				1		

Total Number of Sewer Connections: _____

0

Industrial Waste Population Equivalent _____

Operator _____

Kenneth Jones

Residential Connections: _____

Commercial Connections: _____

Industrial Connections: _____

Sewer Connections X 4 = _____

0

273775

252014

193242

Flow

BOD

TSS

Cert. # _____

18063

Phone # _____

(502) 540-6039



Metropolitan Sewer District

Initiated Apr 01, 2009 12:00 AM thru Apr 30, 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 SMN Sewer Main	Facility ID 79217-AG	Facility Address 7600 VAUGHN MILL RD	If Pump Station, Name of Pump Station:	Receiving Stream PENNSYLVANIA RUN	Discharge to GROUND					
<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 895089	<u>Initiated</u> 04/09/09 02:00 PM	<u>Initiated By</u> MARKS JR	<u>Assigned To</u> LANGFORD	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Status Date</u> 04/09/09	<u>Problem</u> STRUCTURAL FAILURE	<u>Result</u> UNAUTHORIZED DISCHAGE - WATERS	<u>Completed</u> 04/09/09 04:45 PM	<u>Condition</u>

Spot Inspections:

Discharge Amount: 11,000 GAL
Cause: STRUCTURAL FAILURE OF FORCE MAIN
Clean Up: MSD CONTRACTOR CLEANED AND SANITIZED AREA
Control Zone: TAPE AND TEMP SIGNS POSTED
Impact: DEBRIS SOLIDS PERSONAL HYGENINE PRODUCTS OBSERVED
Repair: MSD CONTRACTOR MADE REPAIRS

Notifications:

04/09/09 06:16 PM DIS PUB msd website and temp signs notified the public of the discharge
04/09/09 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