



**MSD**

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

March 24, 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  
February 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 February 2009.

During the month of February we failed to meet our limit for BOD % removal. We believe this was due to pockets of solids that were built up in the contact chamber. We drained and cleaned each chamber and put back I/S. And we are now meeting our percent removal requirements.

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 0209

Enclosures

cc: C. Roth  
T. Singleton  
R. Shaw



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

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

KY0078956  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MAJOR (SUBR LV)  
F - FINAL JEF  
MUNICIPAL WASTEWATER EFFLUENT  
\*\*\* NO DISCHARGE 1 1 \*\*\*  
NOTE: Read Instructions before completing this form.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	09	02	01		09	02	28

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 (DD) 00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7.0	*****	*****	( 19)			
BOD, 5-DAY (20 DEG. C) 00310 9 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	39156.0	31591.0	( 26)	*****	127.0 ✓	150.0 ✓	( 19)			DAILY GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	*****	24.0 ✓	28.0 ✓	( 19)			DAILY COMPOS
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7.0	*****	7.3	( 12)			DAILY GRAB
SOLIDS, TOTAL SUSPENDED 00530 9 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	32,656.0	35,914.0	( 26)	*****	136.0 ✓	164.0 ✓	( 19)			DAILY COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	*****	11.0 ✓	13.0 ✓	( 19)			DAILY COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 9 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	2,989.0	3,164.0	( 26)	*****	112.5 ✓	15.7 ✓	( 19)			DAILY COMPOS

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		
			AREA CODE	NUMBER	YEAR
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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  
 8405 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)

KY0078956  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL  
 MUNICIPAL WASTEWATER EFFLUENT  
 JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

\*\*\* NO DISCHARGE I [ ] i \*\*\*  
 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	1,802.0	2020.0	( 26 )	*****	7.0	8.0	( 19 )			
	PERMIT REQUIREMENT	5004 MD AVG	7506 MX WK AV	LBS/DY	*****	20 MD AVG	30 MX WK AV	MG/L		DAILY	COMPOS
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2634.0	3012.0	( 26 )	*****	10.5	11.0	( 19 )			
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	289 306.0	386.0	( 26 )	*****	1.4	1.6	( 19 )			
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD 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	31.94	50.0	( 03 )	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	30.14	48.45	( 03 )	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
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	*****	*****		*****	1.0	1.0	( 13 )			
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30 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		
		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

KY0078954  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL  
 MUNICIPAL WASTEWATER  
 EFFLUENT

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

\*\*\* NO DISCHARGE i [ ] \*\*\*

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	*****	*****		81% ✓	*****	*****	( 23 )	1		
B1010 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AVG	*****	*****	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		92% ✓	*****	*****	( 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										

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		
			AREA CODE	NUMBER	YEAR
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

BOD % removal Exceedance, please see Cover letter

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

KY0078956  
PERMIT NUMBER

001 R  
DISCHARGE NUMBER

MAJOR (SUBR LV)  
F - FINAL  
REASONABLE POTENTIAL  
EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

\*\*\* NO DISCHARGE 1 1 \*\*\*  
NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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	SAMPLE MEASUREMENT	*****	*****		*****	<.01	<.01	( 19)		2/28	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MS/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	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)

Name of Sewage Treatment Plant:

West County WTP

Jefferson

Month of:

February

2009

KYDES 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) X 1000 #1&#2	MLVSS (mg/L) X 1000 #1&#2	30 min. Settle.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform /100ml	
1	32.84			7.3	7.1				8.0		72	15		84		28		2660								1420	1230	140.0	0.10			11.00	0.01	7.50	1	
2	45.58			7.2	7.1				9.0		64	15		64		25		3380								1000	880	110.0	0.11				0.01	6.20	1	
3	36.85			7.6	7.1				8.9		71	8		80		20		3010								1140	980	140.0	0.12				0.01	5.40	1	
4	29.30			7.2	7.1				8.8		134	7		136		11		2850							1200	1030	140.0	0.12	0.94			0.01	4.90	1		
5	25.58			7.5	7.2				8.4		138	11		140		18		3130							1470	1230	140.0	0.10				0.01	8.00	1		
6	25.34			7.5	7.2				7.9		212	13		136		13		3110							1700	1450	150.0	0.09				0.01	9.30	1		
7	34.64			7.2	7.1				8.0		136	15		136		35		3110							1310	1070	140.0	0.11				0.01	8.50	1		
8	35.65			7.2	7.0				7.1		134	15		128		30		3360							1200	1050	130.0	0.11			10.00	0.01	7.60	1		
9	30.15			7.3	7.1				7.0		132	12		117		28		3030							1550	1260	130.0	0.08				0.01	7.80	1		
10	33.83			7.3	7.2				9.0		130	14		108		31		2940							1350	1200	140.0	0.10	1.37			0.01	8.10	1		
11	48.45			7.3	7.2				9.0		52	12		73		27		3410							1340	1160	120.0	0.09				0.01	5.90	1		
12	43.73			7.3	7.1				9.6		128	12		103		26		3400							980	820	100.0	0.10				0.01	5.30	1		
13	31.36			7.4	7.2				9.0		134	11		100		33		3020							1290	1070	130.0	0.10				0.01	6.00	1		
14	28.31			7.5	7.2				9.0		165	12		127		24		2870							1480	1220	130.0	0.09				0.01	7.40	1		
15	25.41			7.5	7.3				9.0		144	12		167		35		3090							1680	1400	130.0	0.08			10.00	0.01	8.10	1		
16	23.95			7.4	7.2				9.0		142	10		120		20		2850							1590	1310	140.0	0.09				0.01	8.50	1		
17	23.11			7.4	7.2				9.0		178	8		133		19		2900							1670	1380	140.0	0.08	1.19			0.01	9.10	1		
18	25.25			7.4	7.1				8.6		182	12		151		27		2850							1480	1230	140.0	0.09				0.01	9.20	1		
19	25.27			7.4	7.2				8.7		98	9		164		8		2860							1170	1050	140.0	0.12				0.01	7.20	1		
20	22.60			7.4	7.2				8.8		185	14		146		34		2900							1500	1200	140.0	0.09				0.01	8.50	1		
21	23.10			7.2	7.1				9.0		216	16		188		29		2750							1430	1210	140.0	0.10				0.01	8.60	1		
22	26.50			7.4	7.2				8.9		122	12		128		28		3290							1370	1140	130.0	0.09			11.00	0.01	8.10	1		
23	22.76			7.5	7.2				8.9		140	6		141		18		2920							1470	1210	140.0	0.10				0.01	6.70	1		
24	22.34			7.4	7.2				8.8		194	12		157		27		2920							1720	1530	140.0	0.08	1.61			0.01	7.60	1		
25	21.47			8.1	7.3				9.0		71	6		198		12		2920							1720	1460	150.0	0.09	1.67			0.01	7.30	1		
26	21.64			7.4	7.3				8.8		172	4		157		11		2660							1380	1150	140.0	0.10				0.01	9.10	1		
27	42.29			7.2	7.2				9.0		114	6		58		9		4250							1170	970	110.0	0.09				0.01	5.60	1		
28	36.80			7.4	7.2				9.5		158	14		132		21		3160							1240	1020	120.0	0.10				0.01	5.40	1		
29	0.00																																			
30	0.00																																			
31	0.00																																			
Total	844.1	0	0															0.0		0.0																
Avg.	27.23			7.4	7.2				8.7		136	11		127		24		3045.7								1393.67	1175.36	133.57	#####	1.36	10.50	0.01	7.39		1	

Total Number of Sewer Connections: \_\_\_\_\_  
 Residential Connections: \_\_\_\_\_  
 Commercial Connections: \_\_\_\_\_  
 Industrial Connections: \_\_\_\_\_  
 Sewer Connections X 4 = \_\_\_\_\_

Industrial Waste Population Equivalent \_\_\_\_\_  
 Flow \_\_\_\_\_  
 BOD \_\_\_\_\_  
 TSS \_\_\_\_\_

Operator \_\_\_\_\_  
 Cert. # \_\_\_\_\_  
 Phone # \_\_\_\_\_



**MSD**

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

April 1, 2009

Ms. Carolena Bentley  
Kentucky Division of water  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
West County WTP; KPDES No.: KY0078956**

Dear Ms. Bentley

It has come to my attention that the MOR report for West County treatment plant that was sent with the February DMR packets has an incorrect average for our effluent flow. I have made the corrections and attached a revised MOR report for West County. The effluent flow average that was reported on the actual carbon copy is correct.

If you have any questions concerning the attached letter, please contact me at (502)540-6031.

Sincerely,

John Kessel  
Process Supervisor West Operations

JMK/WC 040109

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



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

Name of Sewage Treatment Plant: West County WTP Jefferson County Month of: February 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) 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	
																																				WAS
1	32.84			7.3	7.1				8.0		72	15				84	28		2690						1420	1230	140.0	0.10			11.00	0.01	7.50	1		
2	45.58			7.2	7.1				9.0		64	15				64	25		3380						1000	880	110.0	0.11				0.01	6.20	1		
3	36.85			7.6	7.1				8.9		71	8				80	20		3010						1140	980	140.0	0.12				0.01	5.40	1		
4	29.30			7.2	7.1				8.8		134	7				136	11		2850						1200	1030	140.0	0.12	0.94		0.01	4.90	1			
5	25.56			7.6	7.2				8.4		138	11				140	18		3130						1470	1230	140.0	0.10				0.01	8.00	1		
6	25.34			7.5	7.2				7.9		212	13				136	27		2790						1700	1450	150.0	0.09				0.01	9.30	1		
7	34.64			7.2	7.1				8.0		136	15				138	35		3110						1310	1070	140.0	0.11				0.01	8.50	1		
8	35.65			7.2	7.0				7.1		134	15				128	30		3360						1200	1050	130.0	0.11		10.00	0.01	7.60	1			
9	30.15			7.3	7.1				7.0		132	12				117	28		3030						1550	1260	130.0	0.08				0.01	7.80	1		
10	33.82			7.3	7.2				9.0		130	14				108	31		2940						1350	1200	140.0	0.10	1.37		0.01	8.10	1			
11	48.45			7.3	7.2				9.0		52	12				73	27		3410						1340	1160	120.0	0.09				0.01	5.90	1		
12	43.73			7.3	7.1				9.6		128	12				103	26		3400						980	820	100.0	0.10				0.01	5.30	1		
13	31.36			7.4	7.2				9.0		134	11				100	33		3020						1290	1070	130.0	0.10				0.01	6.00	1		
14	28.31			7.5	7.2				9.0		165	12				127	24		2870						1480	1220	130.0	0.09				0.01	7.40	1		
15	25.41			7.5	7.3				9.0		144	12				167	35		3090						1680	1400	130.0	0.08		10.00	0.01	8.10	1			
16	23.95			7.4	7.2				9.0		142	10				120	20		2850						1590	1310	140.0	0.09				0.01	8.50	1		
17	23.11			7.4	7.2				9.0		178	8				133	19		2900						1670	1380	140.0	0.08				0.01	9.10	1		
18	25.15			7.4	7.1				8.6		182	12				151	27		2850						1480	1230	140.0	0.09	1.19		0.01	9.10	1			
19	25.27			7.4	7.2				8.7		98	9				164	8		2860						1170	1050	140.0	0.12				0.01	9.20	1		
20	22.60			7.4	7.2				8.8		186	14				146	34		2900						1500	1200	140.0	0.09				0.01	8.50	1		
21	23.10			7.2	7.1				9.0		216	16				168	29		2750						1430	1210	140.0	0.10				0.01	8.60	1		
22	26.50			7.4	7.2				8.9		122	12				128	28		3290						1370	1140	130.0	0.09			11.00	0.01	8.10	1		
23	22.76			7.5	7.2				8.9		140	6				141	18		2920						1470	1210	140.0	0.10				0.01	6.70	1		
24	22.34			7.4	7.2				8.8		194	12				157	27		2920						1720	1530	140.0	0.08				0.01	7.60	1		
25	21.47			8.1	7.3				9.0		71	6				198	12		2920						1720	1460	150.0	0.09	1.67		0.01	7.30	1			
26	21.64			7.4	7.3				8.8		172	4				157	11		2660						1380	1150	140.0	0.10				0.01	9.10	1		
27	42.29			7.2	7.2				9.0		114	6				58	9		4250						1170	970	110.0	0.09				0.01	5.60	1		
28	36.82			7.4	7.2				9.5		158	14				132	21		3160						1240	1020	120.0	0.10				0.01	5.40	1		
29																																				
30																																				
31																																				
Total	844.0	0	0																																	
Avg.	30.14			7.4	7.2				8.7		136	11				127	24		0.0		0.0															

Total Number of Sewer Connections: 0 Industrial Waste Population Equivalent \_\_\_\_\_ Operator \_\_\_\_\_  
 Residential Connections: \_\_\_\_\_  
 Commercial Connections: \_\_\_\_\_ 287071 Flow 187591 BOD 163274 TSS Cert. # \_\_\_\_\_  
 Industrial Connections: \_\_\_\_\_  
 Sewer Connections X 4 = 0 \_\_\_\_\_ Photo # \_\_\_\_\_