



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

January 20, 2010

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

RE: Derek Guthrie WQTC, KPDES No: KY0078956
Discharge Monitoring Report
December 2009

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Derek Guthrie WQTC, for the month of December 2009.

For the month of December there were no exceedances or overflow reports for DRGWQTC.

Also included are the 4th qtr Bio DMR and plant bypass report and letter for the month of December.

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 "J. Kessel", written over a horizontal line.

John Kessel
Process Supervisor, West Region

JMK/West County 1209

Enclosures

cc: C. Roth
T. Singleton
R. Shaw



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

PAGE 1 OF 1

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)

PERMIT NUMBER KY00078956

DISCHARGE NUMBER 0012

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

JEFFE

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	12	01		07	12	01

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	1.033	1.740	(25)	*****	8	8	(19)	0	%	CP
00510 1 0 0	PERMIT REQUIREMENT	5004	7500		*****	20	30		0	DAILY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	2.285	2.447	(25)	*****	10	11	(19)	0	%	CP
00623 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT		0	WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	283	294	(25)	*****	1.4	1.7	(19)	0		CP
00665 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT		0	WEEKLY	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	27.62	60.75	(03)	*****	*****	*****		0	C/N	C/N
50050 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****	0	CONTINUOUS	CONTINUOUS
RAW SEW/INFLUENT		MD AVG	DAILY MX	MGD				****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	26.92	66.07	(03)	*****	*****	*****		0	C/N	C/N
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****	0	CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE		MD AVG	DAILY MX	MGD				****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	10.010	(19)	0	%	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019		0	DAILY	GRAB
EFFLUENT GROSS VALUE				****			DAILY MX	MG/L			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	2	(13)	0	%	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/	0	DAILY	GRAB
EFFLUENT GROSS VALUE				****		300A 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			
Derek R. Guthrie H.J. Schwabach Jr						503 546 6000		10	01	25	
TYPED OR PRINTED		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 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 THOMASSEN SR METRO DPS

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

PERMIT NUMBER KY00/8755
 DISCHARGE NUMBER 001.2

MAJOR (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

MUNICIPAL WASTEWATER
 EFFLUENT

*** NO DISCHARGE ***

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	*****	*****		91%	*****	*****	(23)	0	01/30	Cal
B1010 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	NO AVG	*****	*****	PER-CENT		ONCE / MONTH	CALCUL
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		96%	*****	*****	(23)	0	01/30	Cal
B1011 K O O PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	NO MIN	*****	*****	PER-CENT		ONCE / MONTH	CALCUL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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		
Exec Dir H.J. Schneider Jr TYPED OR PRINTED			502 340-6600	10	01	25
AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE NO 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
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY DEREK R GUTHRIE WQTC MSD
 LOCATION LOUISVILLE KY 40272
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KR0078756
 PERMIT NUMBER

001 R
 DISCHARGE NUMBER

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

Form Approved.
 OMB No. 2040-0004

JEFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	12	01	07	12	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			
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****	<0.01	<0.01	19	0	01/30	CP
01032 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MAX	MG/L		ONCE/MONTH	COMPLE
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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		
TYPED OR PRINTED H.T. Schardon Jr. TYPED OR PRINTED			502 340-6006 AREA CODE NUMBER	12 01 25 YEAR MO DAY		

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

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)

KY0076755
 PERMIT NUMBER

0017
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL
 BIODMONITORING/METALS/QUARTERLY EFFLUENT
 *** NO DISCHARGE [] ***

Form Approved.
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	12	01

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) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	277	314	(17)	0	00/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DAILY	GRADE
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	.0467	.0467	(17)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DAILY	GRADE
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0001 0.0006 40R	0.0001 0.0006 40R	(17)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DAILY	GRADE
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	.009	.009	(17)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DAILY	GRADE
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	.014	.014	(17)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DAILY	GRADE
TOXICITY, FINAL CONC TOXICITY UNITS 61405 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		<1.0	(2F)	0	01/90	GR
	PERMIT REQUIREMENT	*****	*****	****	*****		1.00 ACUTE DAILY MX TOXCTY			DAILY	GRADE
	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

DATE

502 510-6000

10 01 25

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

Plant: West County WTP Jefferson County Month of: December 2009
KY0078956 Plant Capacity: 30 MGD Receiving Stream: Ohio River

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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
																		Return	WAS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									

Actions: 0 Industrial Waste Population Equivalent
256345 211788 185585
Flow BOD TSS
0

Operator K Thompson
Cert. # # 188871
Phone # 540-6042



700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

December 31, 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 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 December 31, 2009, referencing Work Order 996579 as a wet 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 bypass event:

- Description of the noncompliance and its cause: A bypass of wastewater that did not receive full disinfection has occurred due to a Louisville Gas and Electric (LG&E) power failure. . Aproximately 1.5million gallons of wastewater was bypassed. Full primary and secondary treatment was met and the discharge did receive risidual disinfection. All treatment requirements were met except for chlorination and dechlorination.
- Period of noncompliance: Starting 12:19 AM on December 31, 2009 and stopping 02:37 AM on December 31, 2009.
- Steps taken or planned to reduce, eliminate and prevent recurrence: MSD is currently working on designs to install an place generators on our Hypochlorite and Bisulfite pumps. Having this type of equipment will prevent or decrease this type of incident from future by-passes of disinfection caused by power interruptions. Until the generator is in place we will add additional staffing to the off shifts, which will help in reducing our response times to emergencies. .
- Additional comments: The equipment that LG&E lost last night was recently replaced by them several weeks ago. It is unknown at this time if the transformers were struck by lighting or internal mechanical failure was the result of the power failure... This bypass was also reported to the DOW referencing incident #20094927.

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.

Sincerely,


John Kessel
Process Supervisor-Operations





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		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>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE		996579	12/31/09 12:19 AM	MARKS JR	LAMB DIN JR	DOCUMENTED	10/17/06	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE - WATERS	12/31/09 02:29 AM	

Spot Inspections:

Discharge Amount: 1,500,000 GAL
Cause: POWER FAILURE CAUSED BY LG & E
Clean Up: NO DEBRIS ,ONLY A BYPASS OF DISINFECTION
Control Zone: TEMPORARY SIGNS POSTED
Impact: NO IMPACT OBSERVED
Repair: L G & E RESTORED POWER ALL SYSTEMS BACK IN SERVICE

Notifications:

12/31/09 12:58 PM DIS PUB public notified by web site and temporary signs
12/31/09 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
12/31/09 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