



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

February 23, 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  
January 2010

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 January 2010.

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

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", written in a cursive style.

John Kessel  
Process Supervisor, West Region

JMK/West County 0110

Enclosures

cc: C. Roth  
T. Singleton  
R. Shaw



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

NAME DENISE R. RUTHRICK METRO MSD  
ADDRESS C/O CEDAR CREEK WRTC  
3909 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY DENISE R. RUTHRICK METRO MSD  
LOCATION LOUISVILLE KY 40272  
ATTN: MONITOR THOMAS/DR. RE METRO OPS

HY0275524  
PERMIT NUMBER

201 2  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	01	01		10	01	31

MAJOR (SBR) (V)  
F - FINAL  
MUNICIPAL WASTEWATER 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			
OXYGEN, DISSOLVED (DO)	*****	*****	*****	*****	7.0	*****	*****	( 19 )	0	0%	GR
DO0000 C O O	PERMIT REQUIREMENT	*****	*****	*****	MINST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	46.938 ✓	45.661 ✓	( 25 )	*****	192 ✓	253 ✓	( 19 )	0	0%	CP	
DO0000 C O O	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPO
BOD, 5-DAY (20 DEG. C)	4.298 ✓	7.032 ✓	( 25 )	*****	18 ✓	21 ✓	( 19 )	0	0%	CP	
DO0000 C O O	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPO
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	7.0 ✓	7.5 ✓	( 12 )	0	0%	GR	
DO0000 C O O	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	9.0 MAXIMUM	50		DAILY	GRAB	
SOLIDS, TOTAL SUSPENDED	42.936 ✓	53.100 ✓	( 20 )	*****	266 ✓	260 ✓	( 19 )	0	0%	CP	
DO0000 C O O	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPO
SOLIDS, TOTAL SUSPENDED	3.203 ✓	7.212 ✓	( 25 )	*****	12 ✓	17 ✓	( 19 )	0	0%	CP	
DO0000 C O O	PERMIT REQUIREMENT	7506 MO AVG	11259 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		DAILY	COMPO
NITROGEN, AMMONIA TOTAL (AS N)	3.120 ✓	3.292 ✓	( 25 )	*****	15 ✓	19 ✓	( 19 )	0	0%	CP	
DO0000 C O O	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		DAILY	COMPO

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. Schindler, Jr. TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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

NAME: 2815K R GUTHRIE WOTC MSD  
ADDRESS: C/O CEDAR CREEK WOTC  
8905 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY LOCATION: 2815K R GUTHRIE WOTC MSD  
LOUISVILLE KY 40278  
ATTN: DEANIS THOMASSON, SR METRO OPS

PERMIT NUMBER: 1400078954

DISCHARGE NUMBER: 001 3

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

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

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)	1918 ✓	2034 ✓	( 26 )	*****	9 ✓	11 ✓	( 19 )	0	0%	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	5000	7500	LBS/DY	*****	20	30		DAILY	COMPOS	
NITROGEN, NITRATE TOTAL (AS N)	2,754 ✓	3863 ✓	( 26 )	*****	12 ✓	14 ✓	( 19 )	0	0%	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT		WEEKLY	COMPOS	
PHOSPHORUS, TOTAL (AS P)	283	326 ✓	( 26 )	*****	1.5 ✓	2 ✓	( 19 )	0	0%	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT		WEEKLY	COMPOS	
FLOW, IN CONDUIT BY THRU TREATMENT PLANT	28.89	61.40 ✓	( 03 )	*****	*****	*****		0	CM	CM	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****		CONTIN	CONTIN	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	28.35	64.91 ✓	( 03 )	*****	*****	*****		0	CM	CM	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****		CONTIN	CONTIN	
CHLORINE, TOTAL RESIDUAL	*****	*****		*****	*****	<0.010	( 19 )	0	0%	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.019	DAILY		DAILY	GRAB	
COLIFORM, FECAL GENERAL	*****	*****		*****	1 ✓	3 ✓	( 13 )	0	0%	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	200	400			DAILY	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Exec Dir  
H. J. Schenk, 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 1340-6000	10 01 03
AREA CODE NUMBER	YEAR MO DAY

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

USE MD AVG FOR BDD/TSS REM/REPT IN MINIMUM COLUMN

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

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

Form Approved  
 OMB No. 2040-0004

ADDRESS  
 10700 R BOUTWIE WGTG MSD  
 C/O CEDAR CREEK WGTG  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY  
 10700 R BOUTWIE WGTG MSD  
 LOCATION  
 LOUISVILLE KY 40272  
 ATTN: RONALD THOMASSON, SR METRO OPS

00000000  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MAJOR  
 (SURR LV)  
 F - FINAL  
 MUNICIPAL WASTEWATER  
 EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	01	01		10	01	31

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

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		*****	*****		91% ✓	*****	*****	( 20 )	0	1/30	C1
BIOLOGICAL PERCENT REMOVAL		*****	*****	MG AVG	0.85	*****	*****	PER-CENT		ONCE / MONTH	CALCULATED
SOLIDS, SUSPENDED PERCENT REMOVAL		*****	*****		94% ✓	*****	*****	( 20 )	0	1/30	C1
BIOLOGICAL PERCENT REMOVAL		*****	*****	MG MIN	0.05	*****	*****	PER-CENT		ONCE / MONTH	CALCULATED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Max C Dir  
 H T Schadek Jr.  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 DATE  
 AREA CODE NUMBER YEAR MO DAY  
 502 441-1116 10 01 03

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE MG AVG FOR BOD (YES REMO) REPT IN MINIMUM COLUMN.

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

NAME DENNIS R BOUTRIE WOTC MSD  
 ADDRESS C/O CEDAR CREEK WOTC  
 8400 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY DENNIS R BOUTRIE WOTC MSD  
 LOCATION LOUISVILLE KY 40272  
 ATTN DENNIS THOMASSON SR METRO OPS

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

PERMIT NUMBER 0000000000  
 DISCHARGE NUMBER 0000000000

MAJOR (SUBR) ...  
 F - FINAL  
 REASONABLE POTENTIAL EFFLUENT  
 \*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	01	01	TO	00	01	31

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	1.19	0	0/10	CP
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPO
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Dir  
 H.J. Schudel Jr  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER 514-6000  
 DATE YEAR 10 MO 11 DAY 28

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

Name of Sewage Treatment Plant: West County WTP

West County WTP

Jefferson

Month of: January

January

2010

KPDES Permit Number: KY0078956

KY0078956

Plant Capacity: 30 MGD

30 MGD

Receiving Stream: Ohio River

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)	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	Million Gal/Day	MLSS mg/L X 1000	Gal/Day X 1000	Dissolved Oxygen (mg/L) F1	Dissolved Oxygen (mg/L) F2	MLSS (mg/L) X 1000 #1&#2	MLVSS (mg/L) X 1000 #1&#2	90 min. Sett.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col/100ml	Hexavalent Chromium	Hardness
1	22.85			7.4	7.2			8.6		169		9		208	20	2690						1300	1100	140.0	0.11				0.01	8.70	4			
2	22.25			7.3	7.4			8.6		172		8		186	19	2630						1120	920	140.0	0.13				0.01	11.00	11			
3	21.53			7.4	7.0			8.5		148		9		197	19	2480						1080	980	130.0	0.12				0.01	12.00	9			
4	21.32			7.2	7.3			7.8		184		10		215	33	2410						1350	1180	140.0	0.10		14.00		0.01	10.00	3			
5	19.76			7.4	7.1			8.3		242		9		178	22	2260						1180	1020	130.0	0.11	1.98		<0.010	11.00	1				
6	20.37			7.4	7.1			8.3		202		9		212	12	2280						1180	1080	140.0	0.12				0.01	9.70	1			
7	21.81			7.4	7.1			8.1		306		10		245	15	2140						1110	990	140.0	0.13				0.01	9.80	1			
8	20.05			7.4	7.1			8.3		310		10		268	15	2020						1130	1400	110.0	0.07				0.01	10.00	1			
9	20.04			7.3	7.2			8.4		355		11		319	17	2230						1230	970	130.0	0.12				0.01	10.00	1			
10	20.14			7.3	7.2			7.7		282		8		235	16	2330						1230	1030	130.0	0.11		14.00		0.01	11.00	2			
11	20.04			7.1	7.2			8.0		244		8		287	12	2180						1230	1110	130.0	0.11				0.01	11.00	1			
12	19.10			7.4	7.1			8.1		108		12		211	18	2070						1070	1070	130.0	0.11	1.67			0.01	11.00	1			240
13	19.17			7.2	7.0			7.7		232		8		209	15	2170						930	930	120.0	0.11				0.01	11.00	1			
14	19.41			7.3	7.0			7.7		268		12		238	19	2130						1050	950	130.0	0.12				0.01	11.00	1	0.01		
15	19.48			7.3	7.1			7.7		270		13		216	18	2150						1040	900	120.0	0.12				0.01	11.00	2			
16	20.19			7.4	7.2			7.4		292		11		238	26	2080						1080	930	120.0	0.11				0.01	12.00	2			
17	23.11			7.5	7.2			6.9		198		15		216	26	2120						1090	880	120.0	0.11		13.00		0.01	11.00	1			
18	25.84			7.5	7.3			6.8		200		14		211	23	2260						1090	980	120.0	0.11				0.01	11.00	1			
19	22.96			7.4	7.3			6.9		306		19		190	23	2350						1070	930	120.0	0.11	1.23			0.01	10.00	1			
20	29.38			7.4	7.4			6.9		160		14		126	14	2760						1120	980	120.0	0.11				0.01	8.30	1			
21	52.81			8.8	7.5			8.5		118		19		95	19	3020						980	830	100.0	0.10				0.01	4.80	1			
22	64.91			7.4	7.2			8.0		124		18		141	20	2910						740	610	80.0	0.11				0.01	4.30	1			
23	41.12			7.2	7.0			6.8		98		43		92	27	3230						1150	930	120.0	0.10				0.01	5.80	1			
24	55.81			7.3	7.3			7.4		116		12		95	18	3490						1350	1160	120.0	0.09		8.30		0.01	5.40	1			
25	53.88			7.2	7.1			8.1		128		19		144	18	3000						1100	920	120.0	0.11				0.01	4.93	1			
26	39.34			7.3	7.1			7.5		146		5		155	10	3090						1280	1080	140.0	0.11	0.93			0.01	5.38	1			
27	33.29			7.4	7.2			7.5		124		4		157	11	2820						1400	1180	140.0	0.10				0.01	5.89	1			
28	29.88			8.1	7.1			7.5		48		6		165	9	2780						1100	1100	160.0	0.15				0.01	7.17	1			
29	27.59			7.4	7.1			7.4		212		5		91	14	2870						1190	1010	150.0	0.13				0.01	7.84	1			
30	26.17			7.4	7.1			6.8		212		6		193	16	2780						1140	930	150.0	0.13				0.01	9.13	1			
31	25.36			7.2	7.3											2780						1240	1070	140.0	0.11		12.00		0.01	9.50	1			
Total	878.7	0	0	7.4	7.2			7.7		200		12		192	18	2509.4	0.0	0.0				1162.26	1002.26	128.38	0	1.45	12.26	0.01	9.05	1	0.01	240		
Avg.	28.35			7.4	7.2			7.7		200		12		192	18	2509.4	0.0	0.0				1162.26	1002.26	128.38	0	1.45	12.26	0.01	9.05	1	0.01	240		

Total Number of Sewer Connections: 0

Residential Connections: \_\_\_\_\_

Commercial Connections: \_\_\_\_\_

Industrial Connections: \_\_\_\_\_

Sewer Connections X 4 = 0

Industrial Waste Population Equivalent

269968

Flow

267274

BOD

224717

TSS

Operator

Steve Patterson

Conf. #

#5879

Phone #

540-6042