



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

January 19, 2011

Ms. Crystal Thompson
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

RE: Derek Guthrie WQTC, KPDES No: KY0078956
Discharge Monitoring Report
December 2010

Dear Ms. Thompson:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Derek Guthrie WQTC, for the month of December 2010.

There were no exceedences or bypasses.

Also included are the 4th qtr Biomonitoring DMR and overflow report from December.

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

Sincerely,

A handwritten signature in cursive script that reads "Duane V. Wright".

Duane V. Wright
Process Supervisor, Central Region

JMK/West County 1210

Enclosures

cc: C. Roth
T. Singleton
R. Shaw



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

NAME DEREK R. GUTHRIE WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
 4522 ALGONQUIN PKWY
 LOUISVILLE KY 40211
FACILITY DEREK R. GUTHRIE WQTC

DISCHARGE MONITORING REPORT (DMR)

KY0078956

PERMIT NUMBER

0012

DISCHARGE NUMBER

MAJOR
 (SUBR LV)
 F - FINAL JEFFE
 MUNICIPAL WASTEWATER
 EFFLUENT
 [] No Discharge

LOCATION LOUISVILLE KY 40272

ATTN: DENNIS THOMASSON SR. METRO OPS

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 10	12	01	TO 10	12	31

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT			***	6			(19) MG/L	0	01/01	GRAB
00300 1 0 0	PERMIT MEASUREMENT	*****	*****	***	2 INST MIN	*****	*****	(19) MG/L		DAILY	GRAB
EFFLUENT GROSS VALUE											
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	38829	43912	(26) LBS/DY		200	248	(19) MG/L	0	01/01	CP
00310 G 0 0	PERMIT MEASUREMENT	REPORT MO AVG	REPORT MX WK AV	(26) LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	(19) MG/L		DAILY	COMPOS
RAW SEW/INFLUENT											
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	3049	3391	(26) LBS/DY		16	19	(19) MG/L	0	01/01	CP
00310 1 0 1	PERMIT MEASUREMENT	7506 MO AVG	11259 MX WK AV	(26) LBS/DY	*****	30 MO AVG	45 MX WK AV	(19) MG/L		DAILY	COMPOS
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT			***	7.3		7.7	(12) SU	0	01/01	GR
00400 1 0 0	PERMIT MEASUREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	(12) SU		DAILY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	41727	44016	(26) LBS/DY		215	239	(19) MG/L	0	01/01	CP
00530 G 0 0	PERMIT MEASUREMENT	REPORT MO AVG	REPORT MX WK AV	(26) LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	(19) MG/L		DAILY	COMPOS
RAW SEW/INFLUENT											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1796	2141	(26) LBS/DY		9	12	(19) MG/L	0	01/01	CP
00530 1 0 1	PERMIT MEASUREMENT	7506 MO AVG	11259 MX WK AV	(26) LBS/DY	*****	30 MO AVG	45 MX WK AV	(19) MG/L		DAILY	COMPOS
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	3102	3165	(26) LBS/DY		16	16	(19) MG/L	0	01/01	CP
00610 G 0 0	PERMIT MEASUREMENT	REPORT MO AVG	REPORT MX WK AV	(26) LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	(19) MG/L		DAILY	COMPOS
RAW SEW/INFLUENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, SEE 18 U.S.C 1001 AND 33 U.S.C 1315. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.					TELEPHONE		DATE			
H J SCHARDEIN EXECUTIVE DIRECTOR						502	540-6000	11	01	28	
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MO	DAY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											

COMMENT 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 DEREK R. GUTHRIE WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211
FACILITY DEREK R. GUTHRIE WQTC

LOCATION LOUISVILLE KY 40272

ATTN: DENNIS THOMASSON SR. METRO OPS

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)

DISCHARGE MONITORING REPORT (DMR)

KY0078956
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 10 MO 12 DAY 01 TO YEAR 10 MO 12 DAY 31

MAJOR (SUBR LV)
F - FINAL JEFFE
MUNICIPAL WASTEWATER
EFFLUENT
[] 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			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1289	1597	(26) LBS/DY		7	9	(19) MG/L	0	01/01	CP
	PERMIT MEASUREMENT	3253 MO AVG	4879 MX WK AV	(26) LBS/DY	*****	20 MO AVG	30 MX WK AV	(19) MG/L		DAILY	COMPOS
NITROGEN, KJELDAHL TOTAL (AS N) 00625 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1675	2056	(26) LBS/DY		9	12	(19) MG/L	0	01/07	CP
	PERMIT MEASUREMENT	REPORT MO AVG	REPORT MX WK AVG	(26) LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	(19) MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	250	383	(26) LBS/DY		1.4	2.3	(19) MG/L	0	03/30	GRAB
	PERMIT MEASUREMENT	REPORT MO AVG	REPORT MX WK AVG	(26) LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	(19) MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	23.24	38.03	(03) MGD				***	0	CN	CN
	PERMIT MEASUREMENT	REPORT MO AVG	REPORT Daily MAX	(03) MGD	*****	*****	*****	***		CN	CN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	23.57	39.22	(03) MGD				***	0	CN	CN
	PERMIT MEASUREMENT	REPORT MO AVG	REPORT Daily MAX	(03) MGD	*****	*****	*****	***		CN	CN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***			<0.010	(19) MG/L	0	01/01	GR
	PERMIT MEASUREMENT	*****	*****	***	*****	*****	0.019 DAILY MX	(19) MG/L		DAILY	GRAB
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***		1	2	(13) 100ML	0	01/01	GR
	PERMIT MEASUREMENT	*****	*****	***	*****	200 30DA GEO	400 7 DA GEO	(13) 100ML		DAILY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C 1001 AND 33 U.S.C 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.					TELEPHONE		DATE			
H J SCHARDEIN EXECUTIVE DIRECTOR						502 540-6000		11 01 28			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE		NUMBER			

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

USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN. TOTAL PHOSPHOROUS ANALYSIS WAS NOT PERFORMED ON THE THIRD WEEK SAMPLE.

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME DEREK R. GUTHRIE WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 4522 ALGONQUIN PKWY
 LOUISVILLE KY 40211
 FACILITY DEREK R. GUTHRIE WQTC

LOCATION LOUISVILLE KY 40272
 ATTN: DENNIS THOMASSON SR. METRO OPS

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
 DISCHARGE MONITORING REPORT (DMR)

KY0078956
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL JEFFE
 MUNICIPAL WASTEWATER
 EFFLUENT
 [] No Discharge

MONITORING PERIOD
 YEAR MO DAY
 FROM 10 12 01 TO 10 12 31

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 81010 K 0 0 PERCENTREMOVAL	SAMPLE MEASUREMENT			***	92			(23) CENT	0	01/30 MONTH	CAL
	PERMIT MEASUREMENT	*****	*****	***	85 MO AVG	*****	*****	(23) CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENTREMOVAL	SAMPLE MEASUREMENT			***	96			(23) CENT	0	01/30 MONTH	CAL
	PERMIT MEASUREMENT	*****	*****	***	85 MO MIN	*****	*****	(23) CENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT MEASUREMENT										
	SAMPLE MEASUREMENT										
	PERMIT MEASUREMENT										
	SAMPLE MEASUREMENT										
	PERMIT MEASUREMENT										
	SAMPLE MEASUREMENT										
	PERMIT MEASUREMENT										
	SAMPLE MEASUREMENT										
	PERMIT MEASUREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.					TELEPHONE		DATE			
H J SCHARDEIN EXECUTIVE DIRECTOR						502	540-6000	11	01	21	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER				

COMMENT 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 DEREK R. GUTHRIE WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 4522 ALGONQUIN PKWY
 LOUISVILLE KY 40211
 FACILITY DEREK R. GUTHRIE WQTC

LOCATION LOUISVILLE KY 40272

ATTN: DENNIS THOMASSON SR. METRO OPS

 KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM (KPDES)
 DISCHARGE MONITORING REPORT (DMR)

KY0078956
 PERMIT NUMBER

001 Y
 DISCHARGE NUMBER

MAJOR
 (SUBR LV)
 F - FINAL JEFFE
 BIOMONITORING/METALS/QUARTERLY
 EFFLUENT
 [] No Discharge

MONITORING PERIOD
 FROM YEAR 10 MO 12 DAY 01 TO YEAR 10 MO 12 DAY 31

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 CaCO ₃) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***		241	241	(19) MG/L	0	01/90	GRAB-2
	PERMIT MEASUREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	(19) MG/L		QTRLY	GRAB-2
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***		0.0363	0.0363	(19) MG/L	0	01/90	GRAB-2
	PERMIT MEASUREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	(19) MG/L		QTRLY	GRAB-2
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***		<0.001	<0.001	(19) MG/L	0	01/90	GRAB-2
	PERMIT MEASUREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	(19) MG/L		QTRLY	GRAB-2
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***		<0.004	<0.004	(19) MG/L	0	01/90	GRAB-2
	PERMIT MEASUREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	(19) MG/L		QTRLY	GRAB-2
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***		0.008	0.008	(19) MG/L	0	01/90	GRAB-2
	PERMIT MEASUREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	(19) MG/L		QTRLY	GRAB-2
TOXICITY, FINAL CONC TOXICITY UNITS 61406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***		<1.0	<1.0	(2F) TOXCTY	0	01/90	GRAB-2
	PERMIT MEASUREMENT	*****	*****	***	*****	*****	1.00 DAILY MX	(2F) TOXCTY		QTRLY	GRAB-2
	SAMPLE MEASUREMENT										
	PERMIT MEASUREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 1001 AND 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.					TELEPHONE		DATE			
H J SCHARDEIN EXECUTIVE DIRECTOR						502 540-6000		11 01 21			
TYPED OR PRINTED						NUMBER					
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		YEAR MO DAY	

Facility Name/Location (if different)

KY0078956
PERMIT NUMBER

001 R
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL JEFFE
REASONABLE POTENTIAL
EFFLUENT
[] No Discharge

NAME	DEREK R. GUTHRIE WQTC MSD
ADDRESS	C/O CEDAR CREEK WQTC
	4522 ALGONQUIN PKWY
	LOUISVILLE KY 40211
FACILITY	DEREK R. GUTHRIE WQTC

LOCATION LOUISVILLE KY 40272
ATTN: DENNIS THOMASSON SR. METRO OPS

		MONITORING PERIOD							
		YEAR	MO	DAY			YEAR	MO	DAY
FROM		10	12	01	TO		10	12	31

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 ,HEXVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***		<0.01	<0.01	(19) MG/L	0	01/30 MONTH		CP
	PERMIT MEASUREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	(19) MG/L		ONCE/ MONTH		COMPOS
	SAMPLE MEASUREMENT											
	PERMIT MEASUREMENT											
	SAMPLE MEASUREMENT											
	PERMIT MEASUREMENT											
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	SAMPLE MEASUREMENT											
	PERMIT MEASUREMENT											
	SAMPLE MEASUREMENT											
	PERMIT MEASUREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H J SCHARDEIN
EXECUTIVE DIRECTOR

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, SEE 18 U.S.C. 1001 AND 33 U.S.C. 1310. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)



SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 | 540-6000
AREA CODE | NUMBER

DATE
11 | 01 | 21
YEAR | MO | DAY

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

2010

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				Hexavalent Chromium	Hardness			
		Grit Removed (cu ft)	Screenings (cu ft)	Raw	Final	Raw	Primary (or Sec.)	Final	Stream Above	Stream Below	Raw	Primary (or Sec.)	Final	Raw	Primary (or Sec.)	Final	Million Gal/Day	MLSS (mg/L) X 1000	Gal/Day X 1000 Unsettled	Unsettled Oxygen (mg/L) #1	Unsettled Oxygen (mg/L) #2	MLSS (mg/L) X1000 #1	MLVSS (mg/L) X1000 #1	30 min. Settle.	SVI	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)			NH3-N (mg/L)	Fecal Coliform Col/100ml	
																																		Return
1	39.22			7.4	7.4				8.0		182	6			116	7		3340					1400	1070	100.0	0.07				0.01	3.30	1		
2	27.84			7.5	7.6				8.0		198	4			102	7		2770					1320	970	110.0	0.08				0.01	5.20	1		
3	25.20			7.9	7.7				8.0		216	6			168	6		2410					770	770	100.0	0.13				0.01	5.60	1		
4	25.26			7.8	7.4				8.0		198	5			215	10		2640					1530	1190	120.0	0.08				0.01	5.00	2		
5	26.05			7.5	7.3				6.0		182	5			272	17		2620					1250	990	100.0	0.08		6.40	0.01	5.30	1			
6	24.65			7.5	7.4				6.0		186	5			184	15		2660					1740	1370	140.0	0.08			0.01	5.00	1			
7	22.88			7.8	7.5				8.0		234	7			159	7		3080					1540	1220	130.0	0.08	1.69		0.01	5.90	2	0.01	295	
8	20.80			7.6	7.6				8.0		214	6			241	19		2810					1610	1280	140.0	0.09			0.01	5.80	1			
9	20.45			7.8	7.4				8.0		218	6			165	9		2940					1570	1250	130.0	0.08			0.01	5.70	3			
10	20.40			7.8	7.5				8.0		216	9			216	18		2710					1500	1190	120.0	0.08			0.01	5.80	1			
11	20.15			7.8	7.4				8.0		234	10			280	21		2660					1700	1270	120.0	0.07			0.01	6.80	1			
12	26.52			7.6	7.5				8.0		202	10			170	14		3080					2450	1130	110.0	0.04		8.10	0.01	6.20	1			
13	24.32			7.6	7.5				8.0		178	11			171	18		2820					1610	1290	110.0	0.07			0.01	5.60	3			
14	21.74			7.6	7.5				8.0		196	12			182	13		2850					1410	1140	120.0	0.09		0.26	0.01	6.20	1			
15	21.06			7.5	7.4				8.0		194	10			185	13		2920					1460	1170	110.0	0.08			0.01	6.30	2			
16	23.38			7.5	7.4				7.0		180	12			136	13		2870					1530	1240	110.0	0.07			0.01	6.50	3			
17	23.25			7.4	7.4				7.0		226	11			163	11		2800					1380	1130	110.0	0.08			0.01	5.70	2			
18	22.40			7.8	7.4				8.0		204	11			166	11		2930					1910	1520	110.0	0.06			0.01	5.80	1			
19	21.98			7.5	7.4				7.0		204	11			165	20		3000					2310	3070	110.0	0.05		8.00	0.01	6.50	1			
20	22.71			7.6	7.4				7.0		262	13			207	13		2860					1570	1290	100.0	0.08			0.01	2.00	1			
21	22.38			7.6	7.5				7.0		250	10			144	11		3170					1520	1220	110.0	0.07			0.01	6.40	1			
22	22.54			7.6	7.6				7.0		224	12			151	12		3020					1360	1120	100.0	0.07			0.01	7.70	1			
23	21.95			8.8	7.4				7.0		232	12			273	23		2890					1740	1390	90.0	0.05			0.01	8.50	1			
24	22.54			7.5	7.4				8.0		204	15			264	21		3110					3110	1100	100.0	0.03			0.01	8.80	3			
25	20.95			7.4	7.5				7.0		244	11			335	15		3100					1450	1200	100.0	0.07			0.01	9.00	1			
26	20.54			7.5	7.3				6.0		326	9			259	18		2930					1470	1220	100.0	0.07		12.00	0.01	9.80	2			
27	20.59			7.5	7.5				7.0		224	15			123	20		2950					1340	1100	100.0	0.07			0.01	9.40	1			
28	20.06			7.5	7.5				7.0		220	10			331	25		2980					1590	1290	100.0	0.06		2.29	0.01	8.80	4			
29	20.04			7.5	7.4				7.0		254	11			183	23		2850					1430	1150	100.0	0.07			0.01	9.00	1			
30	29.21			8.9	7.5				7.0		234	9			273	29		3130					1420	1190	100.0	0.07			0.01	9.80	2			
31	29.85			7.5	7.4				8.0		152	8			235	25		3480					1320	1030	100.0	0.08			0.01	7.30	1			
Total	730.69	0	0														0.0		0.0															
Avg.	23.57			7.6	7.5				7.2		215	9			200	16		2934.8					1591.29	1243.23	109.68	0		1.41	8.63	0.01	6.58	1	0.01	295

Kevin Thompson

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540-6042



IMSAST0004

Overflow Report

Initiated Dec 01, 2010 12:00 AM thru Dec 31, 2010 11:59 PM

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

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		
SMH Sewer Manhole	31899	8809 TRANQUIL VALLEY LN					FERN CREEK	GROUND		
<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>
DISDW: DRY WEATHER DISCHARGE	1172627	12/01/10 05:30 PM	FERRELL	FERRELL	REPAIRED - ISSUE RESOLVED	12/01/10	ROOTS	UNAUTHORIZED DISCHARGE - WATERS	12/01/10 05:49 PM	MAIN

Spot Inspections:

Discharge Amount:	50 GAL
Cause:	ROOTS IN MAIN SEWER
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	MSD PERSONNEL ADVISED CUSTOMER TO AVOID CONTACT WITH SEWAGE
Impact:	SEWAGE DISCHARGING FROM MANHOLE
Repair:	WORK ORDERS 1172622 AND 1172925 - ROOTCUT MAIN SEWER

Notifications:

12/01/10 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
12/01/10 05:31 PM	DISPUB	ADVISED CUSTOMER ON SITE
12/01/10 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