



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

August 18, 2011

Ms. Cheryl Edwards
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

RE: Derek Guthrie WQTC, KPDES No: KY0078956
Discharge Monitoring Report
July 2011

Dear Ms. Cheryl Edwards:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Derek Guthrie WQTC, for the month of July 2011.

There were no exceedences, bypasses or overflow reports during the month of July for the Derek Guthrie WQTC.

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 be "John Kessel", written in a cursive style.

John Kessel
Process Supervisor, West Region

JMK/West County 0711

Enclosures

cc: C. Roth
T. Singleton
R. Shaw



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

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

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

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

KY0078956
 PERMIT NUMBER

0012
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	07	01		11	07	31

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

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	GR	
00300 1 0 0	PERMIT MEASUREMENT	*****	*****	***	2	*****	*****	(19) MG/L		DAILY	GRAB	
EFFLUENT GROSS VALUE				***	INST MIN							
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	28904	31663	(26) LBS/DY		139	173	(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	1836	2182	(26) LBS/DY		9	9	(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			***	6.9		7.5	(12) SU	0	01/01	GR	
00400 1 0 0	PERMIT MEASUREMENT	*****	*****	***	6.0	*****	9.0	(12) SU		DAILY	GRAB	
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM					
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	43276	50230	(26) LBS/DY		207	249	(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	1351	1616	(26) LBS/DY		6	7	(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	2668	2817	(26) LBS/DY		13	14	(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 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	08	15
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

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

ERMITTEE 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

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

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

MONITORING PERIOD
YEAR MO DAY
FROM 11 07 01 TO 11 07 31

NOTE: Read instructions before completing this form

Table with columns: PARAMETER, QUANTITY OR LOADING (AVERAGE, MAXIMUM, UNITS), QUALITY OR CONCENTRATION (MINIMUM, AVERAGE, MAXIMUM, UNITS), NO EX, FREQUENCY OF ANALYSIS, SAMPLE TYPE. Rows include Nitrogen, Ammonia, Nitrogen, Kjeldahl, Phosphorus, Flow, Chlorine, Coliform, etc.

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. 1319. (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
DATE 11 08 18
AREA CODE NUMBER YEAR MO DAY

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

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

PERMITTEE NAME/ADDRESS (include

facility Name/Location if different)

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FACILITY DEREK R. GUTHRIE WQTC

KY0078956
PERMIT NUMBER

0012
DISCHARGE NUMBER

MAJOR (SUBR LV)
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MUNICIPAL WASTEWATER
EFFLUENT
[] No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	07	01		11	07	31

NOTE: Read instructions before completing this form

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

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 81010 K 0 0 PERCENTREMOVAL	SAMPLE MEASUREMENT			***	94			(23) CENT	0	01/30	CAL	
	PERMIT MEASUREMENT	*****	*****	***	85 MO AVG	*****	*****	(23) CENT		ONCE/MONTH	CALCTD	
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENTREMOVAL	SAMPLE MEASUREMENT			***	97			(23) CENT	0	01/30	CAL	
	PERMIT MEASUREMENT	*****	*****	***	85 MO MIN	*****	*****	(23) CENT		ONCE/MONTH	CALCTD	
	SAMPLE MEASUREMENT											
	PERMIT MEASUREMENT											
	SAMPLE MEASUREMENT											
	PERMIT MEASUREMENT											
	SAMPLE MEASUREMENT											
	PERMIT MEASUREMENT											
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	PERMIT MEASUREMENT											
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H J SCHARDEIN EXECUTIVE DIRECTOR								502	540-6000	11	08	18
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

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

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

PERMITTEE NAME/ADDRESS (include

Facility Name/Location if different)

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4522 ALGONQUIN PKWY
LOUISVILLE KY 40211
FACILITY **DEREK R. GUTHRIE WQTC**

KY0078956
PERMIT NUMBER

001 R
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	07	01		11	07	31

NOTE: Read instructions before completing this form

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

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) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			***		<0.01	<0.01	(19) MG/L	0	01/30	CP	
	PERMIT MEASUREMENT	*****	*****	***	*****	REPORT MO AVG	REPORT DAILY MX	(19) MG/L		ONCE/MONTH	CP	
	SAMPLE MEASUREMENT											
	PERMIT MEASUREMENT											
	SAMPLE MEASUREMENT											
	PERMIT MEASUREMENT											
	SAMPLE MEASUREMENT											
	PERMIT MEASUREMENT											
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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	08	18
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

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

Name of Sewage Treatment Plant:

West County WTP

Jefferson

Month of:

July

2011

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 Return		WAS		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	MLSS mg/L X 1000	Gal/Day X 1000	MLSS mg/L X 1000	Oxygen (mg/L) #1	Oxygen (mg/L) #2	MLSS (mg/L) X 1000 #1	MLVSS (mg/L) X 1000 #1	90 min. Sett.	SVI	% Solids	Phosphorus (mg/L)	TSS (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform Col/100ml	Hexavalent Chromium	Hardness	
1	23.67			7.8	7.1				7.0		338		4			233			6		2930					1820	1210	100.0	0.06			0.01	5.40	3				
2	23.09			7.5	7.3				7.0		188		4			137			5		3680					1970	1470	100.0	0.05			0.01	5.80	2				
3	21.22			7.0	7.3				8.0		228		4			152			7		3300					1810	1330	110.0	0.06			0.01	5.70	5				
4	21.89			7.3	7.3				7.0		180		5			160			9		3240					2170	1720	100.0	0.05			0.01	6.90	6				
5	21.34			7.3	7.4				7.0		348		4			238			7		3830					1800	1350	100.0	0.06	5.01		0.01	6.30	1				
6	21.12			7.4	7.3				8.0		198		4			145			9		4730					1760	1340	100.0	0.08		7.90	0.01	8.10	4				
7	20.75			7.3	7.4				7.0		268		4			148			5		3740					1680	1270	110.0	0.07			0.01	6.20	5				
8	29.71			7.3	7.4				7.0		150		6			101			7		3040					1530	1150	90.0	0.09			0.01	5.50	1				
9	30.09			7.0	7.1				7.0		194		8			112			9		4070					1050	790	80.0	0.08			0.01	5.90	2				
10	23.99			7.3	7.2				7.0		158		6			124			9		3390					1350	980	70.0	0.05			0.01	6.80	1				
11	22.09			7.3	7.3				7.0		180		7			146			11		3450					1590	1190	80.0	0.05			0.01	6.80	6				
12	26.28			7.3	7.3				7.0		210		9			132			14		3070					1590	1220	70.0	0.04	3.00	9.80	0.01	7.70	8			226	
13	38.86			7.7	7.2				7.0		186		6			123			7		3380					1230	920	70.0	0.06			0.01	3.90	4	0.01			
14	28.16			6.8	7.4				7.0		158		6			121			9		3190					1450	1050	80.0	0.04			0.01	5.30	4				
15	24.04			7.4	7.4				8.0		196		9			148			13		2940					1140	850	50.0	0.04			0.01	9.10	8				
16	22.75			7.3	7.2				8.0		188		8			122			8		3030					1100	800	50.0	0.05			0.01	8.60	13				
17	21.89			7.3	7.3				8.0		146		6			108			10		2940					1090	740	80.0	0.08			0.01	8.10	13				
18	23.80			6.9	7.3				8.0		154		7			105			10		3100					1000	700	50.0	0.05			0.01	9.90	4				
19	21.99			6.9	6.9				8.0		204		7			122			8		2680					1070	840	70.0	0.07	9.64	10.00	0.01	8.00	4				
20	35.10			6.5	7.2				8.0		180		9			101			8		3720					910	670	50.0	0.05			0.01	6.30	1				
21	33.21			6.9	6.9				7.0		134		7			91			9		2790					970	730	50.0	0.05			0.01	6.90	2				
22	25.85			7.1	6.9				8.0		214		8			125			7		2570					1020	750	50.0	0.05			0.01	6.80	2				
23	24.68			6.9	7.0				8.0		232		6			145			7		2460					1030	780	50.0	0.05			0.01	7.40	5				
24	36.04			7.2	7.3				7.0		332		8			207			9		2820					1240	970	80.0	0.05			0.01	8.40	7				
25	22.45			7.1	7.5				7.0		186		5			136			10		2980					1230	890	80.0	0.07			0.01	8.80	1				
26	21.20			7.3	7.3				8.0		232		7			143			8		2960					1330	1010	80.0	0.08	3.99	11.00	0.01	9.60	4				
27	20.36			7.2	7.3				8.0		228		7			144			8		2790					1100	850	70.0	0.06			0.01	9.10	10				
28	20.11			7.7	7.2				8.0		228		8			143			14		2900					1280	980	70.0	0.05			0.01	9.30	4				
29	20.62			8.2	7.5				8.0		204		7			143			8		3800					1280	980	80.0	0.08			0.01	8.80	1				
30	22.58			7.2	7.3				8.0		218		7			131			8		2780					1080	880	70.0	0.08			0.01	8.50	3				
31	29.30			7.1	7.2				8.0		188		7			125			13		3510					1300	950	80.0	0.06			0.01	6.10	8				
Total	###	0	0																	0.0		0.0																
Avg.	25.17			7.2	7.2				6.5		207		6			139			9		3215.8						1347.10	1011.61	73.87	0	5.41	9.68	0.01	7.28	3	0.01	228	

Total Number of Sewer Connections: 0
 Residential Connections: _____
 Commercial Connections: _____
 Industrial Connections: _____
 Sewer Connections X 4 = 0

Industrial Waste Population Equivalent
 239701 Flow 171629 BOD 207004 TSS

Operator: Chris Langford
 Cert. #: # 18751
 Phone #: 540-8042