MSD

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

December 20, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

RE: Hite Creek Wastewater Treatment Plant, KPDES No: KY0022420
Discharge Monitoring Report for November.

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) report for the Hite Creek Wastewater Treatment Plant, for the month of November 2007.

Also included is the 4th quarter Biomonitoring result.

If you have any questions concerning the attached DMR's, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/ Hite Creek.1107

Enclosures

cc: C. Roth(DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw

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

NAME MSD HITE CREEK STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
1522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD HITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: ALEX E NOVAK, OPER MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
KY0022420	001 2

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

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

JEFFE

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		7.3	******	******	(19)	0	3/7	G b
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	7 INST MIN	******	******	MG/L		THREE/WEEK	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.5	******	7.9	(12)	0	3/7	G b
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	8326	12,133	(26)	******	255.33	392.67	(19)	0	3/7	Comp
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	167	339	(26)	******	4.75	7.67	(19)	0	3/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1501 MO AVG	2252 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	579	627	(26)	******	18.41	21.30	(19)	0	3/7	Comp
00610 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	5	8	(26)	******	0.13	0.16	(19)	0	3/7	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	250 MO AVG	375 MX WK AV	LBS/DY	******	5 MO AVG	7.5 MX WK AV	MG/L		THREE/WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	0.41	0.90	(19)	0	1/7	Comp
00665 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec. Director
H.J. Schardein

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 AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
502	291 5693	07	12	20

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 HITE CREEK STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD HITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: ALEX E NOVAK, OPER MGR

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

KY0022420	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

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

JEFFE

Form Approved.
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	3.523	6.862	(03)	******	******	******		0	C/L	C/L
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	*******		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	7	28	(13)	0	3/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		THREE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	5473	6938	(26)	******	171.75	213.0	(19)	0	3/7	Comp
80082 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/ WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	73	104	(26)	******	2.21	2.33	(19)	0	3/7	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	500 MO AVG	751 MX WK AV	LBS/DY	******	10 MO AVG	15 MX WK AV	MG/L		THREE/ WEEK	COMPOS
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	******	******		98.6%	******	******	(23)	0	1/30	Cal
80091 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	*******	85 MO AVG	******	******	PER- CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		98.1%	******	******	(23)	0	1/30	Cal
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	*******	85 MO MIN	******	******	PER- CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

[illegible]
[illegible]

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	540 [illegible]	07	12	20
AREA CODE	NUMBER	YEAR	MO	DAY

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)*

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LOCATION LOUISVILLE KY 40201
ATTN: ALEX E NOVAK, OPER MGR

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0022420	001 Y

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

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	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			
ZINC TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	0.0082	0.0082	(19)	0	1/92	Comp
01094 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	<0.005	<0.005	(19)	0	1/92	Comp
01114 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	<0.002	<0.002	(19)	0	1/92	Comp
01119 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS	SAMPLE MEASUREMENT	******	******		******	******	<1.0	(26)	0	1/92	Comp
61405 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	******	1.00 DAILY MX	CHRONC TOXCTY		QTRLY	COMPOS
MERCURY TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	.0000000119	0000000119	(19)	0	1/92	Grab
71901 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Director
H.J. Schardein

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	540-6098	07	12	20
AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD MITE CREEK STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD MITE CREEK STP
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

KY0022420	001 R
PERMIT NUMBER	DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	11	01	TO	07	11	30

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	.01	.01	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	******	******	*****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
HARDNESS, TOTAL (AS CACO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	214	214	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	******	******	*****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	.01	.01	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	******	******	*****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	.0002	.0002	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	******	******	*****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Exec Director	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.	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502	361-9282	07	12	26

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

NAME OF TREATMENT PLANT HITE CREEK WTP COUNTY JEFFERSON MONTH OF: November 2007

KPDES PERMIT NUMBER KY0022420 PLANT CAPACITY 4.4 MGD RECEIVING STREAM HITE CREEK

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH		SETTLEABLE SOLIDS (mg/L)			DISSOLVED OXYGEN (mg/L)			SUSPENDED SOLIDS (mg/L)			5 DAY CBOD (mg/L)			ACTIVATED SLUDGE			AERATION BASIN				SLUDGE HANDLING						FINAL							
		GRIT REMOVED (CUBIC FEET)	SCREENINGS (CUBIC FEET)	RAW	FINAL	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	STREAM ABOVE	FINAL EFFLUENT	STREAM BELOW	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	RETURN GAL/DAY X 1000	RETURN MLSS x1000	WASTED MLVSS X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME 30 MIN.	SETTLED SLUDGE VOLUME 60 MIN.	RAW GALLONS X 1000	RAW % DRY SOLIDS	RAW % VOLATILE SOLIDS	HAULED % DRY SOLIDS	HAULED % VOLATILE SOLIDS	HAULED WITHDRAWN GALLONS X 1000	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)	Phosphorus mg/L	Cadmium, Total Recoverable	Hardness as CaCO3	Chromium, Hexavalent	Cyanide, Free (Amenable)	Mercury, Total Recoverable
1	3.84			7.3		18.0		0.0				225		4	203		2	1.77	10.28	101.9	5.7	3.92		170							37.8	0.1	1				0.01	0.009	
2	3.23	36	36	7.6	7.6	20.0		0.0		9.0								2.1	8.55	98.6	4.8	3.895		180							107.1								
3	3.51			7.1		15.0		0.0										2.36	8.53	39.4	6.7	3.58		200															
4	3.41			7.2		20.0		0.0				235		4	184		3	2.3	7.64		6.2	4.61		200							37.8	0.1	21						
5	3.74			7.4	7.9	15.0		0.0		7.8		268		3	243		2	1.79	15.62	82.1	3.5	4.43	3	200					0.45	52	94.5	0.1	52						
6	3.76	36	36	7.3	7.7	15.0		0.0		7.2								2.14	13.84	98.6	4.1	4.57		200							201.6								
7	3.55			7.6	7.6	16.0		0.0		10.5								2.18	10.84	98.6	4.7	3.91		200							56.7								
8	4.31			7.5		15.0		0.0				220		4	126		2	1.23	10.58	98.6	4.1	3.615		200							94.5	0.1	3						
9	3.23	36	36	7.3	7.7	15.0		0.0		8.4								1.15	13.9	78.8	4.4	3.885		200							94.5								
10	3.24			7.7		12.0		0.0										1.2	12.06	42.7	8.2	3.95		190							6.3								
11	3.39			7.3		14.0		0.0				210		3	153		2	1.31	8.62		5.8	4.505		210							25.2	0.1	83						
12	2.88			7.5	7.5	15.0		0.0		9.2		234		4	159		2	1.4	15.76	65.7	4	4.555		190							88.2	0.1	87						
13	3.78	36	36	7.3	7.8	13.0		0.0		7.3								1.09	13.34	78.8	3.7	4.395	3.03	210					1.02	64	107.1								
14	3.89			7.5		13.0		0.0										1.16	13.93	85.4	4.2	4.125		200							119.7								
15	3.53			7.8		13.0		0.0				210		4	145		3	1.18	12.51	65.7	5.2	3.575		170							94.5	0.1	1						
16	3.1	36	36	7.3	7.6	16.0		0.0		7.8								1.21	14.64	65.7	5.1	3.355		150							50.4								
17	3.03			7.2		14.0		0.0										1.21	7.32	46	7	3.02		150															
18	3.15			7.0		15.0		0.0				308		4	191		2	1.24	8.62		7	3.53		170							6.3	0.28	3						
19	3.27			8.2	7.7	18.0		0.0		7.7		276		4	220		2	1.17	8.6	101.9	5.1	4.185		200							126	0.1	3						
20	3.41	36	36	7.4	7.5	17.0		0.0		7.6								1.06	10.5	98.6	3.8	3.575		170							119.7								
21	4.87			7.6		15.0		0.0										1.14	8.62	65.7	3.6	4.185		110							100.8								
22	4.44			7.4		12.0		0.0										1.05	14.47	65.7	6.4	3.27		150															
23	3.9	36	36	8.3		18.0		0.0										1.24	9.7	65.7	5.4	2.995		150							37.8								
24	3.33			7.6		18.0		0.0										1.15	6.06	39.4	5.8	2.93		130							107.1								
25	3.67			7.4		17.0		0.0				444		8	188		2	1.14	6.49	39.4	6.3	3.245		140							31.5	0.1	3						
26	6.66			8.2	7.8	13.0		0.0		8.0		268		8	119		2	2	9.8	65.7	3.2	3.045	2.225	150					1.1	68	113.4	0.28	3						
27	5.4	36	36	7.9	7.8	10.0		0.0		8.4		166		7	128		3	1.75	8.33	98.6	5.7	2.895		150							126	0.1	3						
28	4.85			7.3	7.7	17.0		0.0		8.7								2.65	9.84		5.2	2.835		150							44.1								
29	4.19			7.4		15.0		0.0										2.38	8.93		6.6	3.43		150							63								
30	4.13	36	36	7.3		19.0		0.0										2.37	8.09	59.2	6.4	3.715		170							6.3								
31																															2098								
Tot.	114.7	324	324															47.14																					
Avg.	3.823	36	36	7.5	7.7	15.4				8.3		255		5	172		2	1.571	10.47	73.86	5.263	3.724	2.752	173.7					0.857	61.33	77.7	0.13	7				0.01	0.01	

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

36410	32212	38767
FLOW	CBOD	TSS

EARL DUNN — OPERATOR

7626 — CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

502-241-9310 — PLANT TELEPHONE