



MSD

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

July 23, 2008

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 June 2008.

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operator Report (MOR) for the Hite Creek Wastewater Treatment Plant, for the month of June 2008.

Also included are the second quarter bio results.

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.0608

Enclosures

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



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

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

AME

DDRESS C/O CEDAR CREEK STP

B405 CEDAR CREEK RD

LOUISVILLE

ACILITY MSD HITE CREEK STP

OCATION LOUISVILLE

ATTN: DENNIS THOMASSON, SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

KY0022420

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MAJOR

(SUBR LV)

F - FINAL

MUNICIPAL WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

JEFFE

MONITORING PERIOD

FROM

YEAR	MO	DAY
08	08	01

TO

YEAR	MO	DAY
08	08	30

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8.3	*****	*****	(19)	0	3/4	Grb
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		THREE/GRAB WEEK	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.7	*****	7.9	(12)	0	3/4	Grb
PH	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		THREE/GRAB WEEK	
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)	0	3/4	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	MG/L		THREE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	(26)	*****	201.0	211.0	(19)	0	3/4	Comp
00500 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		THREE/COMPOS WEEK	
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	(26)	*****	6.0	9.0	(19)	0	3/4	Comp
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	1501	2252	LBS/DY	*****	30	45	MG/L		THREE/COMPOS WEEK	
00500 1 0 0	SAMPLE MEASUREMENT	*****	*****	(26)	*****	19.0	20.0	(19)	0	3/4	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	REPORT	REPORT	MG/L		THREE/COMPOS WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	(26)	*****	0.46	0.89	(19)	0	3/4	Comp
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		THREE/COMPOS WEEK	
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	*****	(19)	0	3/4	Comp
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	100	150	LBS/DY	*****	*****	*****	MG/L		THREE/COMPOS WEEK	
00610 1 1 0	SAMPLE MEASUREMENT	*****	*****	(26)	*****	0.30	0.40	(19)	0	1/4	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	LBS/DY	*****	REPORT	REPORT	MG/L		WEEKLY/COMPOS	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)	0	1/4	Comp
00665 1 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L		WEEKLY/COMPOS	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L		WEEKLY/COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Director
H. J. Schardin 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

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.

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

AME MSD HITE CREEK STP
DDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
ACILITY MSD HITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY0022420			001 2			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01	TO	05	05	30

MAJOR (SUBR LV)
F - FINAL JEFFE
MUNICIPAL WASTEWATER
EFFLUENT
*** NO DISCHARGE 1 ***

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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	3.391	4.290	(03)	*****	*****	*****		0	1/2	1/2
00050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		CONTIN	CONTIN
EFFLUENT GROSS VALUE										UOUS	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	8.0	45.0	(13)	0	3/2	6-b
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#/ 30DA GED 7 DA GED 100ML		FREE/ GRAB	
EFFLUENT GROSS VALUE										WEEK	
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	4722.0	5420.0	(26)	*****	168.0	200.0	(19)	0	3/2	6-p
00082 8 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/ COMPOS	
RAW SEW/INFLUENT										WEEK	
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	113.0	193.0	(26)	*****	4.0	7.0	(19)	0	3/2	6-p
00082 1 0 0	PERMIT REQUIREMENT	500 MD AVG	751 MX WK AV	LBS/DY	*****	10 MD AVG	15 MX WK AV	MG/L		FREE/ COMPOS	
EFFLUENT GROSS VALUE										WEEK	
BOD, CARB-5 DAY, 20 DEG C. PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		98.0 %	*****	*****	(23)	0	2/30	6-1
00091 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	B5 MD AVG	*****	*****	PER- CENT		UNCE/ CALCTD	
PERCENT REMOVAL										MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		97.0 %	*****	*****	(23)	0	1/30	6-1
01011 K 0 0	PERMIT REQUIREMENT	*****	*****	*****	B5 MD MIN	*****	*****	PER- CENT		UNCE/ CALCTD	
PERCENT REMOVAL										MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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Exec Director							
11. J. Schneider Jr			502	241-9693	08	07	22
TYPED OR PRINTED			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.

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

NAME MSD HITE CREEK STP
ADDRESS C/O CEDAR CREEK STP
B405 CEDAR CREEK RD
LOUISVILLE KY 40211
ACILITY MSD HITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY0022420	001 R
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004

MAJOR (SUBR LV)
F - FINAL
REASONABLE POTENTIAL
EFFLUENT
*** NO DISCHARGE 1 ***

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
05	06	01	05	06	30

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			
CYANIDE, FREE (AMEN. TO CHLORINATION)	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(19)	0	1/30	Comp
00722 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	201	201	(19)	0	1/30	Comp
HARDNESS, TOTAL (AS CaCO3)	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
00900 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(19)	0	1/30	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
CHROMIUM, HEXAVALENT (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****	0.00002	0.00002	(19)	0	1/30	Comp
01032 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****						
CADMIUM	PERMIT REQUIREMENT	*****	*****	*****	*****						
TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****						
01113 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

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

NAME MSD HITE CREEK STP
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD HITE CREEK STP
 LOCATION LOUISVILLE KY 40201
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY00022420
 PERMIT NUMBER
 001 Y
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL JEFFE
 METALS/BIO-MONITORING/QUARTERLY
 EFFLUENT
 *** NO DISCHARGE () ***

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	04	01	08	06	30

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			
ZINC	SAMPLE MEASUREMENT	*****	*****		*****	0.0589	0.0589	(19)	0	1/91	Comp
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DAILY	COMPLIS
01094 1 0 0											
EFFLUENT GROSS VALUE											
LEAD	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	(19)	0	1/91	Comp
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DAILY	COMPLIS
01114 1 0 0											
EFFLUENT GROSS VALUE											
COPPER	SAMPLE MEASUREMENT	*****	*****		*****	0.009	0.009	(19)	0	1/91	Comp
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DAILY	COMPLIS
01119 1 0 0											
EFFLUENT GROSS VALUE											
TOXICITY, FINAL CONC	SAMPLE MEASUREMENT	*****	*****		*****	<1.0	<1.0	(26)	0	1/91	Comp
TOXICITY UNITS	PERMIT REQUIREMENT	*****	*****	*****	*****	1.00 CHRONIC	DAILY MX TOXICITY			DAILY	COMPLIS
01406 1 0 0											
EFFLUENT GROSS VALUE											
MERCURY	SAMPLE MEASUREMENT	*****	*****		*****	0.00000484	0.00000484	(19)	0	1/91	Grab
TOTAL RECOVERABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DAILY	COMPLIS
71901 1 0 0											
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Director

H.J. Schuchman Jr

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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

NAME OF TREATMENT PLANT HITE CREEK WTP COUNTY JEFFERSON MONTH OF: June 2008
 KPDES PERMIT NUMBER KY0022420 PLANT CAPACITY 4.4 MGD RECEIVING STREAM HITE CREEK

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH		SETTLABLE 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	GAL/DAY X 1000	MLSS X 1000	MLVSS X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME		RAW		HAULED			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		
																								30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS									WITHDRAWN GALLONS X 1000	
1	3.35			7.4		13.0		0.0				235		7	206		3	2.02	9.24	59.2	2.4	5.19		300						18.9	0.45	3	0.307	0.2	201	0.01				
2	3.32			8.4	7.9	13.0		0.0		8.4		211		7	195		3	1.81	9.08	85.4	2.4	3.25	2.305	200					1.27	66	69.3	0.34	13	0.345						
3	4.29	36	36	7.8	7.8	10.0		0.0		8.4		180		9	122		3	1.84	10.15	82.1	2	3.76		250						100.8	0.56	3								
4	4			7.5	7.9	10.0		0.0		8.8								1.65	11.46	78.8	3.7	3.205		220						132.3										
5	3.86			7.5		10.0		0.0										1.5	11.26	46	3.2	3.08		220						126										
6	3.31	36	36	7.4		10.0		0.0										1.54	10.9	46	2.6	3.36		230						163.8										
7	3.03			7.5		9.0		0.0										1.39	11	39.4	5.4	3.67		210						50.4										
8	2.96			7.8		10.0		0.0				152		6	153		3	1.21	8.91	39.4	4.9	4.345		250						56.7	1.8	3								
9	3.34			7.5	7.8	9.0		0.0		9.0		253		9	270		6	0.815	16.18	72.3	4.6	3.64		280						94.5	0.62	3								
10	3.38	36	36	8.5	7.8	10.0		0.0		8.8		227		13	176		12	0.533	3.06		4.8	2.23	1.725	200				0.84	68	100.8	0.45	10	0.402							
11	3.3			7.5	7.7	20.0		0.0		8.2								1.12	6.52		4.7	2.19		200						50.4										
12	3.48			8.6		10.0		0.0										1.8	9.58	19.7	4.2	3.26		230																
13	3.6	36	36	7.4		10.0		0.0										2.18	7.42	32.9	3.4	3.87		250						75.6										
14	3.47			7.9		9.0		0.0										2.15	11.5	39.4	4.8	5.085		300						25.2										
15	3.41			7.4		9.0		0.0				194		3	165		3	1.78	10.56	32.9	3	4.18		250							0.055	3								
16	3.78			8.1	7.8	14.0		0.0		8.8		185		4	159		3	2.24	11.5	26.3	2.2	4.05	2.905	250					1.21	66	88.2	0.39	3	0.277						
17	3.32	36	36	7.5	7.8	10.0		0.0		9.3		155		3	130		3	2.59	12.56	26.3	2.7	4.295		250						63	0.055	10								
18	3.4			7.6	7.8	10.0		0.0		8.9								2.2	8.18		2.5	3.52		250						56.7										
19	3.26			7.5		15.0		0.0										1.91	10.77	32.9	2.5	4.615		290						37.8										
20	3.08	36	36	7.6		10.0		0.0										2.31	9.79	46	2.5	4.635		260						56.7										
21	3.02			7.6		10.0		0.0										1.66	6.69	52	2.6	5.05		300																
22	3.08			7.6		12.0		0.0				204		3	142		3	2.14	6.87	46	2.7	4.38		300						63	0.22	15								
23	3.2			8.4	7.9	10.0		0.0		8.5		224		3	168		3	2.13	12.26	36.2	1.9	4.85		300						63	0.34	43	0.158							
24	3.21	36	36	8.4	7.8	10.0		0.0		8.6		195		4	129		3	2.2	12.78	39.4	3.9	5.04		300						31.5	0.39	140								
25	3.01			7.3	7.7	1.0		0.0		8.3								1.78	12.96	39.4	3.6	5.08	3.535	280					2.03	66	56.7									
26	3.38			7.6		15.0		0.0										2.27	10.08	32.9	3.4	5.02		300																
27	3.23	36	36	7.3		16.0		0.0										2.02	9.56	39.4	2.8	4.915		290						37.8										
28	3.81			7.4		14.0		0.0										2.23	9.63	39.4	3.4	4.8		300						37.8										
29	3.29			7.3		20.0		0.0										1.42	10.86	32.9	3.8	4.69		300																
30	3.57			7.4		13.0		0.0										2	10.31	29.6	3.6	4.705		300						44.1										
31																																								
Tot.	101.7	288	288															54.44													1701									
Avg.	3.391	36	36	7.7	7.8	11.4				8.7		201		6	168		4	1.815	10.05	44.16	3.34	4.132	2.618	262					1.338	66.5	68.04	0.46	8	0.30	0.20	#####	0.01			

RESIDENTIAL
COMMERCIAL
INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

32292 27932 27100
FLOW CBOD TSS

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

OPERATOR

EARL DUNN

CERT. NO.

7626

PLANT TELEPHONE

502-241-9310