MSD

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

April 17, 2009

Carolena Bentley, DMR Coordinator
Kentucky Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort, Kentucky 40601

RE: Jeffersontown Treatment Plant, KPDES No: KY0025194
Discharge Monitoring Report
March 2009

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Jeffersontown WTP KPDES No.: KY0025194 for the month of March 2009. Also included is the 1st quarter Bio-monitoring DMR.

The Bio-monitoring TRE results for February and March 2008 has already been electronically submitted.

If you have any questions concerning the attached DMR's, please contact me at (502) 239-7695.

Sincerely,

Kevin D. Ries
Process Supervisor Central Region

KDR/Jeffersontown 0309.doc

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD JEFFERSONTOWN STP
ADDRESS C/O CEDAR CREEK STP
9405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40299
ATTN DENNIS THOMASSON SR METRO OPS

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

KY0025194 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 04 MO 03 DAY 01 TO YEAR 04 MO 03 DAY 31

MAJOR
(SUBR LV)
F - FINAL
FLOW BOD TSS DO PH
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

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) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		9.4	******	******	(19)	Ø	03/07	GR
	PERMIT REQUIREMENT	******	******	**** ****	7 INST MIN	******	******	MG/L		THREE/ WEEK	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.5	******	7.8	(12)	Ø	03/07	GR
	PERMIT REQUIREMENT	******	******	**** ****	6 MINIMUM	******	9 MAXIMUM	SU		THREE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 8 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	4275	5504	(26)	*******	185	261	(19)	Ø	03/07	CP
	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 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	336	760	(26)	*******	15	35	(19)	Ø	03/07	CP
	PERMIT REQUIREMENT	1000 MO AVG	1501 MX WK AV	LBS/DY	*******	30 MO AVG	45 MX WK AV	MG/L		THREE/ WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 8 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	392	440	(26)	******	17	18	(19)	Ø	03/07	CP
	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) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	36	39	(26)	******	2	2	(19)	Ø	03/07	CP
	PERMIT REQUIREMENT	334 MO AVG	500 MX WK AV	LBS/DY	******	10 MO AVG	15 MX WK AV	MG/L		THREE/ WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 2 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	14	16	(26)	******	0.6	0.7	(19)	Ø	03/07	CP
	PERMIT REQUIREMENT	67 MO AVG	100 MX WK AV	LBS/DY	******	2.0 MO AVG	3.0 MX WK AV	MG/L		THREE/ WEEK	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
H.J. Schardein, Jr. 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.	Ken D. Ros	502-540-6000	9	4	17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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)*
NAME MSD JEFFERSONTOWN STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40299
ATTN. DENNIS THOMASSON, SR METRO OPS

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

KY0025194 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 09 MO 03 DAY 01 TO YEAR 09 MO 03 DAY 31

Form Approved.
OMB No. 2040-0004

MAJOR
(SUBR LV)
F - FINAL
FLOW BOD TSS DO PH
EFFLUENT
*** NO DISCHARGE ( ) ***

JEFFS

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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
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.84	3.97	(03) MGD	******	******	******		Ø	CN	CN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		******	******	******	**** ****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	4	5	(13)	Ø	03/07	GR
	PERMIT REQUIREMENT	******	****** ****	****	******	200 30DA GEO	400 #/ 7 DA GEO	100ML		THREE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 6 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	2831	3527	(26) LBS/DY	******	121	143	(19) MG/L	Ø	03/07	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		******	REPORT MO AVG	REPORT MX WK AV			THREE/ WEEK	COMPOSITE
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	74	89	(26) LBS/DY	******	3	4	(19) MG/L	Ø	03/07	CP
	PERMIT REQUIREMENT	667 MO AVG	1001 MX WK AV		******	20 MO AVG	30 MX WK AV			THREE/ WEEK	COMPOSITE
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		97	******	******	(23) PER-CENT	Ø	01/30	CA
	PERMIT REQUIREMENT	******	****** ****	****	85 MO AVG	******	******			ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		92	******	******	(23) PER-CENT	Ø	01/30	CA
	PERMIT REQUIREMENT	******	****** ****	****	55 MO MIN	******	******			ONCE/ MONTH	CALCTD
H J Scharadein, JR	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. Scharadein, Jr.
Exec. Director
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.

Ken D. Ls
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
502	540-6000	9	4	17

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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9375 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY MSD JEFFERSONTOWN STP

LOCATION JEFFERSONTOWN KY 40299

ATTN. DENNIS THOMASSON, SR METRO OPS

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

Form Approved.
OMB No. 2040-0004

KY0025194 — PERMIT NUMBER

001 Y — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	94	01	01	TO	94	03	31

MAJOR
(SUBR LV)
F - FINAL
BIOMONITORING/ONCE PER QUARTER
EFFLUENT
*** NO DISCHARGE [ ] ***

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HARDNESS, TOTAL (AS CaCO3) 00900 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	270	270	(19)	Ø	01/90	CP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		BTRLY	COMPOS
CADMIUM, DISSOLVED (AS CD) 01025 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.0001	<0.0001	(19)	Ø	01/90	CP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		BTRLY	COMPOS
COPPER, DISSOLVED (AS CU) 01040 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.002	<0.002	(19)	Ø	01/90	CP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		BTRLY	COMPOS
LEAD, DISSOLVED (AS PB) 01049 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.004	<0.004	(19)	Ø	01/90	CP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		BTRLY	COMPOS
ZINC, DISSOLVED (AS ZN) 01090 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.0341	0.0341	(19)	Ø	01/90	CP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		BTRLY	COMPOS
ZINC TOTAL RECOVERABLE 01092 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.0341	0.0341	(19)	Ø	01/90	CP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		BTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.0001	<0.0001	(19)	Ø	01/90	CP
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		BTRLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. Schadein, Jr.
Exec. Director
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540-6000	9	4	17

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

See cover letter for information regarding additional toxicity testing for the months of February + March regarding TBE.

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
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8405 CEDAR CREEK RD
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ATTN: DENNIS THOMASSON, SR METRO OPS

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DISCHARGE MONITORING REPORT *(DMR)*

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KY0025194	001 Y
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	01	01	TO	04	03	31

MAJOR
(SUBR LV)
F - FINAL
BIOMONITORING/ONCE PER QUARTER
EFFLUENT
*** NO DISCHARGE ( ) ***

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LEAD, TOTAL RECOVERABLE, 01114 1 0 1, EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	<0.004	<0.004	(19) MG/L	Ø	01/90 QTRLY	CP COMPOS
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	REPORT MO AVG	REPORT DAILY MX				
COPPER, TOTAL RECOVERABLE, 01117 1 0 1, EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	<0.002	<0.002	(19) MG/L	Ø	01/90 QTRLY	CP COMPOS
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	REPORT MO AVG	REPORT DAILY MX				
TOXICITY, FINAL CONC TOXICITY UNITS, 51406 1 0 1, EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	<1.00	(28) TOXCTY	Ø	01/90 QTRLY	CP COMPOS
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	*******	1.00 DAILY MX	CHRONC			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME OF TREATMENT PLANT JEFFERSONTOWN WTP COUNTY JEFFERSON MONTH OF: March 2009

KPDES PERMIT NUMBER KY0025194 PLANT CAPACITY 4.0 MGD RECEIVING STREAM CHENOWETH RUN

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		
																		RETURN		WASTED				SETTLED SLUDGE VOLUME		RAW			HAULED					
		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 x1000	MLVSS X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) X 1000	30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000	TOTAL PHOS. (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
1	3.23			7.2	7.2		10.0			10.1		120		8	72		3	1.434		41				170	160							0.37	1.00	3
2	2.76			7.4	7.1		11.0			10.4		152		7	84		3	1.424	6.47	38	8.4	2.82	2.19	170	160							0.38	1.70	3
3	2.49			7.1	7.5		17.0			10.2		277		10	189		4	1.428	6.585	39	8.1	3.03	2.37	160	150							0.37	1.60	20
4	2.55	3	3	7.1	7.3		15.0			10.0		197		11	141		3	1.431	8.458	47	7.8	3.15	2.49	150	150							0.64	1.40	3
5	3.24			6.9	7.2		19.0			10.0		233		10	143		3	1.432	8.145	43	7.6	3.02	2.33	150	150							0.80	1.70	3
6	3.26			7.0	7.1		13.0			10.2		232		8	247		4	1.432	7.895	49	7.4	3.31	2.57	150	150							0.84	1.70	3
7	3.20			6.8	6.8		17.0			9.8		92		9	124		5	1.436		39	7.2			180	160							0.90	1.70	10
8	2.92			6.8	7.1		16.0			9.9		142		7	130		3	1.394		39	7.4			160	150							0.93	1.40	29
9	2.45			6.9	7.2		10.0			10.1		188		8	120		3	1.454	6.21	43	8.9	3	2.35	150	140							0.87	1.70	3
10	3.05			6.4	7.2		13.0			9.7		194		7	124		3	1.468	5.81	44	8.6	2.72	2.11	140	130							1.05	2.00	3
11	3.08	3	3	6.5	6.5		12.0			9.9		123		11	100		3	1.453	7.665	44	7.8	3.13	2.45	140	130							0.61	1.40	3
12	2.61			6.5	7.2		11.0			9.8		132		8	157		3	1.44	7.035	45	7.9	2.82	2.18	150	130							0.41	2.10	3
13	2.30			6.5	7.2		15.0			10.0		49		9	72		3	1.446	5.93	44	8.1	2.5	1.87	140	130							0.40	1.20	3
14	2.66			6.9	7.2					9.7		190		5	65		3	1.437		45	7.9			140	130							0.34	1.60	3
15	2.61			7.1	7.3					10.2		602		166	115		3	1.445		45	8.4			120	120							0.68	1.80	10
16	2.43			7.5	7.3		20.0			10.1		194		7	129		3	1.46	7.66	41	7.9	3.34	2.44	150	140							0.66	1.10	3
17	2.25			7.3	7.4		14.0			9.8		169		9	92		3	1.46	5.675	44	8.6	3.08	2.36	140	140							0.56	0.95	10
18	2.35	3	3	7.2	7.3		18.0			9.8		256		11	109		3	1.466	6.91	44	8.6	3.01	2.34	150	140							0.64	1.10	3
19	2.89			7.5	7.0		17.0			9.8		352		38	134		3	1.466	8.14	52	8.6	3.03	2.31	150	140							0.60	1.20	3
20	2.31			7.5	7.6		14.0			9.9		75		7	57		3	1.456	5.98	47	8.2	2.57	1.99	150	140							0.51	1.50	3
21	2.25			6.8	7.0		10.0			10.2		180		7	175		3	1.47		41				150	140							0.39	1.30	3
22	2.27			7.0	7.0		13.0			9.8		361		8	131		3	1.457		44				160	150							0.43	1.10	3
23	2.46			6.7	7.2		19.0			9.8		217		9	107		3	1.468	6.395	42	8.5	2.91	2.26	150	150							0.56	1.60	3
24	2.52			7.0	7.1		14.0			9.9		106		10	213		3	1.475	7.365	42	8.2	2.97	2.38	150	150							0.60	2.46	3
25	3.73	3	3	7.2	7.3		12.0			9.4		140		9	90		3	1.484	6.335	44	7.7	2.79	2.1	150	150							0.61	1.06	4
26	3.97			6.8	7.1		15.0			10.1		148		9	98		3	1.478	7.97	32	7.3	2.98	2.27	150	150							0.50	1.40	4
27	3.48			7.8	7.6		13.0			9.7		42		7	55		3	1.484	7.92	37	8.3	3.07	2.31	150	150							0.39	1.90	4
28	3.31			6.7	6.7		10.0			9.8		92		10				1.48		39				160	150							0.50	1.18	4
29	3.71			7.1	7.0		11.0			9.8		151		9	60		3	1.466		38				150	150							0.44	1.46	4
30	2.80			6.4	6.8		10.0			10.1		163		9	140		3	1.468	7.06	38	9.3	3.09	2.31	160	150							0.37	1.34	4
31	2.94			6.6	7.0		10.0			9.9		156		8	169		3	1.464	6.395	42	7	3.01	2.31	170	150							0.37	1.74	4
Tot.	88.10	12	12															45.06															
Avg.	2.84	3	3	7.0	7.1		13.8			9.9		185		15	121		3	1.453	7	42.32	8.065	2.97	2.286	151.9	144.5							0.57	1.50	4

RESIDENTIAL

COMMERCIAL

INDUSTRIAL 0

INDUSTRIAL WASTE POPULATION EQUIVALENT

27065 FLOW | 16925 CBOD | 20843 TSS

mike stephenson OPERATOR | 9616 CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

(502) 267-9257 PLANT TELEPHONE