



MSD

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

February 23, 2009

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

RE: West County Treatment Plant, KPDES No: KY0078956
Discharge Monitoring Report
January 2009

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the West County Wastewater Treatment Plant, for the month of January 2009.

Also included are the January discharge reports.

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

Sincerely,

John Kessel
Process Supervisor, West Region

JMK/West County 0109

Enclosures

cc: C. Roth
T. Singleton
R. Shaw



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

NAME MSD WEST COUNTY STP
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD WEST COUNTY STP
 LOCATION LOUISVILLE KY 40272
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0078956
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL JEFFE
 MUNICIPAL WASTEWATER EFFLUENT
 *** NO DISCHARGE 1 1 ***
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	01	01		09	01	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****		7.0	*****	*****	(19)	0	31/31	GR
	PERMIT REQUIREMENT	*****	*****	****	2 INST MIN	*****	*****	MG/L		DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 0 0 0 RAW SEW/INFLUENT	37,114.0	50,646.0	(26)	*****	268	295	(19)	0	31/31	Comp	
	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		DAILY	COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	3351	3396	(26)	*****	17	19	(19)	0	31/31	Comp	
	PERMIT REQUIREMENT	7506	11259		*****	30	45	MG/L		DAILY	COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				
PH 00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****		*****	7.2	*****	7.4	(12)	0	31/31	Grab
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	BU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 RAW SEW/INFLUENT	40,324.0	50,586.0	(26)	*****	223	294	(19)	0	31/31	Comp	
	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		DAILY	COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	2274	2462	(26)	*****	11	13	(19)	0	31/31	Comp	
	PERMIT REQUIREMENT	7506	11259		*****	30	45	MG/L		DAILY	COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	2968	3139	(26)	*****	16	19	(19)	0	31/31	Comp	
	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		DAILY	COMPOS
		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Excc Dir
 M.J. Schuler 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
 502 510-6000 09 01 07
 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 WEST COUNTY STP
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD WEST COUNTY STP
 LOCATION LOUISVILLE KY 40272
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0078956 PERMIT NUMBER
 001 2 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFE

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

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			
BOD, 5-DAY PERCENT REMOVAL 81010 K O O	SAMPLE MEASUREMENT	*****	*****		92.0%	*****	*****	(23)	0	1/3	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AVG	*****	*****	PER- CENT		ONCE/ MONTH	CALCULATED
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K C O	SAMPLE MEASUREMENT	*****	*****		95.0%	*****	*****	(23)	0	1/3	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER- CENT		ONCE/ MONTH	CALCULATED
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 H. J. Schaefer Jr.
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 508 540-6666
 DATE
 07 01 27
 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.

NAME MSD WEST COUNTY STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD WEST COUNTY STP
LOCATION LOUISVILLE KY 40272
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0078956
PERMIT NUMBER

001 R
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
09	01	01	09	01	31

FROM

TO

REASONABLE POTENTIAL
EFFLUENT

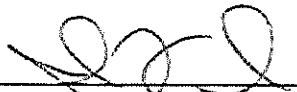
*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHROMIUM, HEXAVALENT (AS CR) 01002 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOSE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H. J. Schandorff Jr.
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 540-6100
DATE
09 2 27
AREA CODE NUMBER YEAR MO DAY

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

Name of Sewage Treatment Plant:

West County WTP

Jefferson

Month of:

January

2009

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		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	Raw	Primary (or Sec.)	Final	Million Gal/Day	MLSS mg/L X 1000	Gal/Day X 1000	Oxygen (mg/L) #1	Oxygen (mg/L) #2	MLSS (mg/L) X 1000 #1	MLVSS (mg/L) X 1000 #1	30 min. Sett.	SVM	% Solids	Phosphorus (mg/L)	TKN (mg/L)	Chlorine Residual (mg/L)	NH3-N (mg/L)	Fecal Coliform /100ml
1	19.79			7.2	7.0				8.0		192	8				191	13		2880				1660	1320	140.0	0.08							0.01	6.00	1			
2	19.40			7.2	6.9				7.8		202	7				190	13		2660				1790	1480	130.0	0.07							0.01	5.90	1			
3	19.20			7.2	7.1				7.8		210	8				195	14		2730				1610	1410	140.0	0.09							0.01	5.90	1			
4	21.84			7.2	7.0				7.6		192	8				186	19		2270				1820	1580	130.0	0.07			7.00				0.01	5.00	1			
5	19.66			7.4	7.1				8.0		700	10				852	17		2920				1720	1530	130.0	0.08							0.01	5.80	1			
6	20.93			7.4	7.2				7.0		480	10				346	12		2660				1700	1420	150.0	0.09	1.64						0.01	6.20	1			
7	30.05			7.4	7.2				8.0		104	15				108	12		4320				1650	1350	120.0	0.07							0.01	5.10	1			
8	24.51			7.4	7.2				9.0		154	11				157	13		3070				1900	1640	150.0	0.08							0.01	5.40	1			
9	21.32			7.3	7.1				9.0		258	8				201	13		2220				1390	1220	120.0	0.09							0.01	5.60	1			
10	25.33			7.3	7.1				8.0		190	10				161	15		4160				1370	1010	120.0	0.09							0.01	6.30	1			
11	26.04			7.4	7.2				8.0		136	12				148	22		2770				1500	1210	110.0	0.07			9.60				0.01	7.60	1			
12	22.96			7.3	7.1				7.9		370	7				208	13		2080				1110	970	110.0	0.10							0.01	8.50	1			
13	21.37			7.5	7.1				8.2		214	5				200	8		2360				1010	720	110.0	0.11	1.50						0.01	9.50	1			
14	20.24			7.4	7.2				8.3		186	13				163	18		3190				980	860	110.0	0.11							0.01	10.00	1			
15	19.48			7.4	7.2				7.3		210	15				193	28		2190				930	830	100.0	0.11							0.01	9.20	1			
16	18.73			7.4	7.2				8.1		220	12				176	14		2090				990	880	100.0	0.10							0.01	10.00	1			
17	19.63			7.2	7.1				7.8		232	15				197	20		2200				1020	910	120.0	0.12							0.01	12.00	1			
18	19.63			7.3	7.0				6.9		226	13				289	18		2290				1190	990	120.0	0.10			19.00				0.01	14.00	1			
19	18.83			7.4	7.3				7.0		210	17				181	23		2320				1260	1110	120.0	0.10							0.01	14.00	1			
20	18.68			7.5	7.4				6.7		184	8				177	11		2430				1320	1120	140.0	0.11	2.01						0.01	13.00	1			
21	20.70			7.5	7.3				7.5		262	11				160	12		2240				1190	1070	130.0	0.11							<0.010	13.00	1			
22	18.10			10.0	7.4				7.3		248	12				203	19		3080				1150	990	110.0	0.10							0.01	13.00	1			
23	17.70			7.4	7.4				7.2		94	7				124	15		2180				980	870	110.0	0.11							0.01	12.00	1			
24	20.30			7.3	7.2				8.0		152	12				167	16		2200				1330	1050	110.0	0.08							0.01	14.00	1			
25	17.65			7.4	7.4				7.2		242	12				234	28		2320				1240	940	120.0	0.10			16.00				0.01	14.00	1			
26	16.95			7.6	7.3				7.0		308	11				348	16		1400				1180	1000	130.0	0.11							0.01	15.00	1			
27	17.69			7.3	7.2				7.0		242	10				272	19		3130				1640	1370	120.0	0.07							0.01	14.00	1			
28	45.39			7.4	7.3				8.0		110	20				79	18		3250				620	540	70.0	0.11	1.99						0.01	7.70	1			
29	47.39			7.3	7.1				9.8		154	17				109	26		3250				680	580	60.0	0.09							0.01	6.60	1			
30	32.10			7.3	7.2				9.2		124	13				112	22		2670				1070	950	130.0	0.12							0.01	6.60	1			
31	29.48			7.3	7.3				9.0		129	13				135	24		2620				2190	1800	130.0	0.06							0.01	7.70	1			
Total	711.1	0	0																0.0		0.0																	
Avg.	22.94			7.4	7.2				7.9		224	11				208	17		2649.7				1328.71	1120.00	119.03	0	1.79	12.90	0.01	9.31					1			

Total Number of Sewer Connections: 0

Residential Connections:

Commercial Connections:

Industrial Connections:

Sewer Connections X 4 = 0

Industrial Waste Population Equivalent

218455

234570

203731

Flow

BOD

TSS

Operator

Cert. #

Phone #



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

KPDES # KY0078956 (Cont'd)	Facility ID MSD0277	Treatment Plant Name WEST COUNTY	Receiving Stream of Treatment Plant OHIO RIVER	Region WEST
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Facility Type SMH Sewer Manhole	Facility ID 31345	Facility Address 7507 MICHAEL DR	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
---	-----------------------------	--	---	-------------------------	---------------------

<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	866114	01/23/09 06:47 PM	KIMBROUGH	KIMBROUGH			OBSTRUCTION-NOT GREASE / ROOTS	UNAUTHORIZED DISCHAGE - WATERS	01/23/09 08:01 PM	MAIN

Spot Inspections:

Discharge Amount: 10 GAL
Cause: OBSTRUCTION IN MAIN SEWER
Clean Up: MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone: PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA
Impact: DISCOLORATION OF STREAM
Repair: WORK ORDER 867861 - ROOT CUT THE MAIN SEWER

Notifications:

01/23/09 06:47 PM DISPUB ADVISED CUSTOMER ON SITE
01/23/09 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.soan@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Initiated Jan 01, 2009 12:00 AM thru Jan 31, 2009 11:59 PM

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

KPDES # KY0078956	Facility ID MSD0277	Treatment Plant Name WEST COUNTY		Receiving Stream of Treatment Plant OHIO RIVER		Region WEST				
Facility Type SMH Sewer Manhole	Facility ID 09729	Facility Address 9707 EL PRADO ST	If Pump Station, Name of Pump Station:		Receiving Stream POND CREEK	Discharge to DITCH				
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 868291	<u>Initiated</u> 01/29/09 12:00 PM	<u>Initiated By</u> ELDER	<u>Assigned To</u> FERRIELL	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 01/29/09	<u>Problem</u> PUMPED OVERFLOW	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 01/29/09 12:15 PM	<u>Condition</u>

Spot Inspections:

Discharge Amount: 25 GAL
 Cause: TOO MUCH HEAD WHEN PUMPS STARTED, SURCHARGE SPILLED
 Clean Up: SPREAD LIME AROUND THE AREA
 Control Zone: TEMPORARY SIGNS POSTED AROUND AFFECTED AREA
 Impact: CLEAR EFFLUENT, NO DEBRIS
 Repair: TURNED ONE PUMP OFF TILL SURCHARGE SUBSIDED.

Notifications:

01/29/09 11:00 PM DIS PUB Temporary signs placed around affected area
 01/29/09 01:00 PM DIS NOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



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

KPDES # KY0078956 (Cont'd)	Facility ID MSD0277	Treatment Plant Name WEST COUNTY		Receiving Stream of Treatment Plant OHIO RIVER		Region WEST				
Facility Type SLS Sewer Lift Station	Facility ID MSD1047-LS	Facility Address 2527 PARKWOOD RD	If Pump Station, Name of Pump Station: PARKWOOD		Receiving Stream BIG RUN	Discharge to GROUND				
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 868077	<u>Initiated</u> 01/28/09 05:00 PM	<u>Initiated By</u> ELDER	<u>Assigned To</u> PATTERSON	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 01/31/09	<u>Problem</u> PUMPED OVERFLOW	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 01/31/09 05:40 AM	<u>Condition</u>

Spot Inspections:

Discharge Amount: 36,400 GAL
 Cause: PUMPED TO GROUND TO PREVENT FLOODING OF HOMES DUE TO LOSS OF LG&E POWER FROM ICE STORM
 Clean Up: NO DEBRIS
 Control Zone: TEMPORARY SIGNS POSTED AROUND AFFECTED AREA
 Impact: CLEAR EFFLUENT, NO DEBRIS
 Repair: LG&E POWER RESTORRED TO NORMAL SERVICE

Notifications:

01/28/09 06:31 PM DIS PUB Temporary signs placed around affected area.
 01/28/09 01:00 PM DIS NOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



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

KPDES #	Facility ID	Treatment Plant Name		Receiving Stream of Treatment Plant		Region				
KY0078956 (Cont'd)	MSD0277	WEST COUNTY		OHIO RIVER		WEST				
Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:		Receiving Stream	Discharge to				
SLS Sewer Lift Station	MSD0053-PS	1720 SANDERS LN	SANDERS LANE		UPPER MILL CREEK	GROUND				
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	868645	01/28/09 12:45 AM	ELDER	OTTO	REPAIRED - ISSUE RESOLVED	01/28/09	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHARGE - WATERS	01/28/09 01:30 PM	

Spot Inspections:

Discharge Amount: 7,650 GAL
 Cause: LOSS OF LG&E POWER DUE TO ICE STORM
 Clean Up: MSD CLEANED, SANITIZED & SPREAD LIME IN THE AREA
 Control Zone: TEMPORARY SIGNS POSTED AROUND AFFECTED AREA & TAPED OFF AREA
 Impact: PERSONAL HYGIENE PRODUCTS & DEBRIS
 Repair: BEGAN HAULING TO ELIMINATE OVERFLOW

Notifications:

01/31/09 04:56 PM DISPUB Temporary signs & Tape around affected area
 02/01/09 12:43 PM DISPUB temporary signs placed arounds affected area
 02/02/09 10:07 AM DISNOT Email notification of unauthorized discharge manually sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov