MSD

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

February 22, 2007

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

RE: Cedar Creek Treatment Plant, KPDES No: KY0098540
Discharge Monitoring Report
January 2007

Dear Ms. Thurman:

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

[redacted]

If you have any questions concerning the attached DMR's, please contact me at (502) [redacted].

Sincerely,

James E. Porter Jr.
Process Supervisor Central Region

JEP/Cedar Creek 1207.doc

Enclosures

cc: M. Mudd (DOW Louisville)
P. Burgin
E. Brady
T. Singleton
R. Shaw

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD (CEDAR CREEK STP
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

FACILITY MSD CEDAR CREEK STP
LOCATION LOUISVILLE KY
ATTN DEBBIE NEWTON

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

KY0098540 — PERMIT NUMBER
001 E — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	01	31

MAJOR
(SUBR LV)
F - FINAL
NEW EXPANSION
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Ap
1B No. 2

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	*******	*******		9.8	*******	*******	(19)	0	3/7	Grab
	PERMIT REQUIREMENT	*******	******* *** ****		7.0 INST MIN	*******	*******	MG/L		FREQ/WEEK	GRAB
PH 00400 1 (0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.8	*******	7.5	(12)	0	3/7	Grab
	PERMIT REQUIREMENT	*******	******* *** ****		6.0 MINIMUM	*******	9.0 MAXIMUM	SU		FREQ/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 (0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	3324.	3552	(26) LBS/DY	*******	95	93	(19) MG/L	0	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		*******	REPORT MO AVG	REPORT MX WK AV			FREQ/WEEK	CONTUS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.1.	81.18	(26) LBS/DY	*******	2	2	(19) MG/L	0	3/7	Comp
	PERMIT REQUIREMENT	1875 MO AVG	2815 MX WK AV		*******	30 MO AVG	45 MX WK AV			FREQ/WEEK	CONTUS
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	3.2	3.15	(26) LBS/DY	*******	7.6	9.0	(19) MG/L	0	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		*******	REPORT MO AVG	REPORT MX WK AV			FREQ/WEEK	CONTUS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.21	2.71	(26) LBS/DY	*******	0.05	0.05	(19) MG/L	0	3/7	Comp
	PERMIT REQUIREMENT	625 MO AVG	938 MX WK AV		*******	10 MO AVG	15 MX WK AV			FREQ/WEEK	CONTUS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.12	16.09	(26) LBS/DY	*******	0.87	1.23	(19) MG/L	0	3/7	Comp
	PERMIT REQUIREMENT	125 MO AVG	188 MX WK AV		*******	2.0 MO AVG	3.0 MX WK AV			FREQ/WEEK	CONTUS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCHROEIN 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.

James E. Roth Jr.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE YEAR	DATE MO	DATE DAY
502	540-6000	7	2	19

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD CEDAR CREEK STP
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

FACILITY MSD CEDAR CREEK STP
LOCATION LOUISVILLE KY
ATTN: DEBBIE NEWTON

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

KY0098540	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	97	01	01	TO	97	03	31

MAJOR
(SUBR LV)
F - FINAL
NEW EXPANSION
EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved. OMB No. 2

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
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.22	7.70	(03) MGD	*******	*******	*******		0	C/N	C/N
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		*******	*******	*******	**** ****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	4	17	(13)	0	3/7	COMP
	PERMIT REQUIREMENT	*******	******* **** ****		*******	200 30DA GEO	400 #/ 7 DA GEO	100ML		THREE/ WEEK	CONTUS
BOD, CARBONACEOUS 05 DAY, 20C 80082 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	244	259	(26) LBS/DY	******	56	68	(19) MG/L	0	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		******	REPORT MO AVG	REPORT MX WK AV			THREE/ WEEK	CONTUS
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	103	241	(25) LBS/DY	******	2	6	(19) MG/L	1	3/7	Comp
	PERMIT REQUIREMENT	625 MO AVG	938 MX WK AV		******	10 MO AVG	15 MX WK AV			THREE/ WEEK	CONTUS
BOD, CARBONACEOUS 5 DAY, 20 DEG C, PERCENT REMVL 80091 1 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		96.1	*******	*******	(23)	1	1/31	CAL
	PERMIT REQUIREMENT	*******	******* **** ****		85 MO MIN	*******	*******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		98.0	*******	*******	(23)	0	1/31	CAL
	PERMIT REQUIREMENT	*******	******* **** ****		85 MO MIN	*******	*******	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
H.J. SCHMIDT 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.	James E. Schmidt Jr.	502 540-6000	7	2	19
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)*