



MSD

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

March 20, 2007

Mr. Mike Mudd
Kentucky Division of Water
9116 Leesgate, Rd.
Louisville, Ky. 40222-5084

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

Dear Mr. Mudd:

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 February 2007.

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

Sincerely,

James E. Porter Jr.
Process Supervisor Central Region

JEP/Cedar Creek 0207.doc

Enclosures

cc: K. Thurman (KDOW)
P. Burgin
E. Brady
T. Singleton
R. Shaw



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



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March 20, 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
February 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 February 2007.

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

Sincerely,

James E. Porter Jr.
Process Supervisor Central Region

JEP/Cedar Creek 0207.doc

Enclosures

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



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

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

MAJOR
(SUBR LV)
F - FINAL
NEW EXPANSION
EFFLUENT

JEFFE

NAME M80 CEDAR CREEK STP
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

KY0098540
PERMIT NUMBER

001 2
DISCHARGE NUMBER

FACILITY M80 CEDAR CREEK STP
LOCATION LOUISVILLE KY
ATTN: DEBBIE NEWTON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

*** NO DISCHARGE I ***

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			
OXYGEN, DISSOLVED (DO)		*****	*****		9.8	*****	*****	(19)	0	3/1	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7.0 INST MIN	*****	*****	MG/L		THREE/	GRAB WEEK
PH		*****	*****		7.3	*****	7.5	(12)	0	3/1	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	7.0 MAXIMUM	EU		THREE/	GRAB WEEK
SOLIDS, TOTAL SUSPENDED		3639.06	3926.56	(26)	*****	119	158	(19)	0	3/1	GRAB
00530 6 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/	COMPOS WEEK
SOLIDS, TOTAL SUSPENDED		46.87	87.60	(26)	*****	1	2	(19)	0	3/1	GRAB
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1874 MO AVG	2815 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		THREE/	COMPOS WEEK
NITROGEN, AMMONIA TOTAL (AS N)		368.67	409.51	(26)	*****	11.9	15.1	(19)	0	3/1	COMB
00610 6 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/	COMPOS WEEK
NITROGEN, AMMONIA TOTAL (AS N)		2.90	4.81	(26)	*****	0.08	0.10	(19)	0	3/1	COMB
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	625 MO AVG	938 MX WK AV	LBS/DY	*****	10 MO AVG	15 MX WK AV	MG/L		THREE/	COMPOS WEEK
PHOSPHORUS, TOTAL (AS P)		19.05	41.03	(26)	*****	0.55	0.73	(19)	0	3/1	COMB
00665 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125 MO AVG	188 MX WK AV	LBS/DY	*****	2.0 MO AVG	3.0 MX WK AV	MG/L		THREE/	COMPOS WEEK

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHROEDIN 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. ...
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502.546.6000
DATE 07 03 20
AREA CODE NUMBER YEAR MO DAY

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

NAME MSO CEDAR CREEK STP
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40271

KY0098540
PERMIT NUMBER

001 Z
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
NEW EXPANSION
EFFLUENT

JEFFE

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	25

*** 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 80050 1 0 0 EFFLUENT GROSS VALUE	4.18	9.11	(03)	*****	*****	*****		0	0/N	0/N	
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX MOD	*****	*****	*****	****		CONTIN	CONTIN	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****		*****	3	21	(13)	0	3/7	comb	
	PERMIT REQUIREMENT	*****	*****	*****	200	400 #/	30DA GED 7 DA GED 100ML		THREE/	COMPOS	
BOD, CARBONACEOUS 5 DAY, 20C 80082 0 0 0 RAW SEW/INFLUENT	3073.48	3491.51	(26)	*****	102	173	(17)	0	3/7	comb	
	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		THREE/	COMPOS	
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	64.25	96.24	(26)	*****	2	2	(17)	0	3/7	comb	
	PERMIT REQUIREMENT	625	908	*****	10	15	MD AVG MX WK AV MG/L		THREE/	COMPOS	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMOVAL 80091 0 0 0 PERCENT REMOVAL	*****	*****		95.7	*****	*****	(23)	0	1/31	cal	
	PERMIT REQUIREMENT	*****	*****	85	*****	*****	PER - CENT		ONCE/	CALC'D	
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 0 0 0 PERCENT REMOVAL	*****	*****		96.0	*****	*****	(23)	0	1/31	cal	
	PERMIT REQUIREMENT	*****	*****	85	*****	*****	PER - CENT		ONCE/	CALC'D	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCHROEDER 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. Roberts Jr.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-0000
DATE 07 03 20
AREA CODE NUMBER YEAR MO DAY

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