



MSD

Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

December 19, 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  
November 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 November 2007. Also included is the quarterly biomonitoring Discharge Monitoring Report (DMR). 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 1107.doc

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

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

NAME WEST CEDAR CREEK TOP

ADDRESS 2405 CEDAR CREEK RD

LOUISVILLE KY 40291

PERMIT NUMBER KY005854D

DISCHARGE NUMBER 001 Y

MAJOR (SUBR LV)  
P - FINAL

JEFF

FACILITY WEST CEDAR CREEK TOP

LOCATION LOUISVILLE KY

OWNER DONALD THOMPSON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	31		07	12	31

METALS/BIO-MONITORING/QUARTERLY 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			
AMMONIA NITROGEN (AS N) EFFLUENT GROSS VALUE		*****	*****	*****	*****	314	314	(19)	0	1/92	COMB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPOS
AMMONIA DISSOLVED (AS N) EFFLUENT GROSS VALUE		*****	*****	*****	*****	<0.0001	<0.0001	(19)	0	1/92	COMB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPOS
COPPER DISSOLVED (AS CU) EFFLUENT GROSS VALUE		*****	*****	*****	*****	<0.002	<0.002	(19)	0	1/92	COMB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPOS
LEAD DISSOLVED (AS PB) EFFLUENT GROSS VALUE		*****	*****	*****	*****	<0.005	<0.005	(19)	0	1/92	COMB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPOS
ZINC DISSOLVED (AS ZN) EFFLUENT GROSS VALUE		*****	*****	*****	*****	<0.0374	<0.0374	(19)	0	1/92	COMB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPOS
TOTAL RECOVERABLE EFFLUENT GROSS VALUE		*****	*****	*****	*****	<0.0374	<0.0374	(19)	0	1/92	COMB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPOS
TOTAL RECOVERABLE EFFLUENT GROSS VALUE		*****	*****	*****	*****	<0.0001	<0.0001	(19)	0	1/92	COMB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPOS

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
James E. Port

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540-6000	07	12	20

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

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

MAJOR  
(SUBR LV)  
F - FINAL

JEFFE

METALS/BIO-MONITORING/QUARTERLY  
EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

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

ADDRESS 8405 CEDAR CREEK RD  
LOUISVILLE KY 40291

PERMIT NUMBER  
KY0098540

DISCHARGE NUMBER  
001 Y

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01	TO	07	12	31

FACILITY  
LOCATION

LOUISVILLE KY  
DUNN MANASSA

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL RECOVERABLE EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.005	<0.005	(19)	φ	1/92	COMB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L			OTRLY COMPOS
TOTAL RECOVERABLE EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.002	<0.002	(19)	φ	1/92	COMB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L			OTRLY COMPOS
FINAL TOXICITY UNITS EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1.0	<1.0	(20)	φ	1/92	COMB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	CHRONC TOXCTY			OTRLY COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHARO  
EXECUTIVE DIRECTOR  
TYPED OR PRINTED

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

TELEPHONE  
502 540-6000  
DATE  
07 12 00

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

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

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

NAME TOWN CEDAR CREEK STP

ADDRESS 8405 CEDAR CREEK RD

LOUISVILLE KY 40291

KY009B540  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

HAZRD  
(SUBR LV)

F - FINAL

NEW EXPANSION

EFFLUENT

\*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

FROM

TO

NOTE: Read Instructions before completing this form.

FACILITY TOWN CEDAR CREEK STP

LOCATION LOUISVILLE KY

NAME DANIEL THOMASSON

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
EFFLUENT GROSS VALUE	7.8	*****	*****		7.0	*****	*****	MG/L		3/1	COMB
EFFLUENT GROSS VALUE	7.1	*****	*****		6.0	*****	9.0	MG/L		3/1	COMB
SUSPENDED SOLIDS	148	*****	*****	LB/DY	*****	*****	*****	MG/L		3/1	COMB
RAW SEW/INFLUENT	1.00	*****	*****	LB/DY	*****	*****	*****	MG/L		3/1	COMB
EFFLUENT GROSS VALUE	29.97	*****	*****	LB/DY	*****	*****	*****	MG/L		3/1	COMB
TOTAL (AS N)	655.42	*****	*****	LB/DY	*****	*****	*****	MG/L		3/1	COMB
EFFLUENT GROSS VALUE	2.81	*****	*****	LB/DY	*****	*****	*****	MG/L		3/1	COMB
TOTAL (AS P)	22.24	*****	*****	LB/DY	*****	*****	*****	MG/L		3/1	COMB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. E. SCHALOWSKI JR  
EXECUTIVE DIRECTOR  
TYPED OR PRINTED

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*James E. ...*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000  
DATE 07 12 20

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

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

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

MAJOR  
(SUBR LV)

NAME 155 CEDAR CREEK STP  
ADDRESS 2405 CEDAR CREEK RD  
LOUISVILLE KY 40291

RY0098540  
PERMIT NUMBER

0012  
DISCHARGE NUMBER

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

F - FINAL  
NEW EXPANSION  
EFFLUENT

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

FACILITY 155 CEDAR CREEK STP  
LOCATION LOUISVILLE KY  
BY 155 THOMASSON

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
THRU TREATMENT PLANT EFFLUENT GROSS VALUE	MEASUREMENT	3.54	11.81	(03)	*****	*****	*****			φ	C/N C/N
	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD	*****	*****	*****	****			CONTINCONTIN UDUS
GENERAL EFFLUENT GROSS VALUE	MEASUREMENT	*****	*****		*****	3	3	(13)		φ	3/7 comb
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	100ML			FREE/COMPOS WEEK
25 DAY, 200 RAW SEN/INFLUENT	MEASUREMENT	3288.73	6223.17	(26)	*****	96	106	(17)		φ	3/7 comb
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L			FREE/COMPOS WEEK
25 DAY, 200 EFFLUENT GROSS VALUE	MEASUREMENT	62.56	109.92	(26)	*****	2.00	2.00	(17)		φ	3/7 comb
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	10 MO AVG	15 MX WK AV	MG/L			FREE/COMPOS WEEK
DEG O. PERCENT REMVL	MEASUREMENT	*****	*****		93.1	*****	*****	(23)		φ	1/30 conc
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER- CENT			ONCE/ (RECTD) MONTH
PERCENT REMOVAL	MEASUREMENT	*****	*****		98.6	*****	*****	(23)		φ	1/30 conc
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER- CENT			ONCE/ (RECTD) MONTH
	MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHROEDER JR.  
EXECUTIVE DIRECTOR  
TYPED OR PRINTED

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Jama E. Potts  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 506 540 6000  
DATE 07 12 20  
AREA CODE NUMBER YEAR MO DAY

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

NAME OF TREATMENT PLANT CEDAR CREEK WTP

COUNTY JEFFERSON

MONTH OF: November 2007

KPDES PERMIT NUMBER KY0098540

PLANT CAPACITY 7.5 MGD

RECEIVING STREAM CEDAR CREEK

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						
		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	GAL/DAY 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)				
																								30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS			% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000		
1	3.07	3	3								143		1	102		2	1860	5310	500	3.6	2750	2135	350	300							0.10	1			
2	2.68			7.2	7.4	12.0			8.2								1920	4980	500	3.2	2610	2180	340	310											
3	3.52																1722		450				340	300											
4	2.47										149		1	127		2	1524		460				350	310								0.10	3		
5	2.66			7.3	7.4	8.0			7.8		166		1	88		2	1388	4330	450	3	2510	2170	400	330								0.10	7		
6	2.73			7.2	7.6	3.0			7.8								1724	4290	418	3.2	3015	2315	310	280											
7	2.55																1660	4250	450	3.6	2910	2310	320	290											
8	2.55	3	3								104		1	70		2	1772	4100	500	3.4	2855	2300	320	280								0.10	3		
9	2.45			7.3	7.6	10.0			8.4								1858	3030	450	3.6	2450	2200	320	290											
10	2.62																1301		560				310	280									0.10	3	
11	2.48										222		1	120		2	1289		400				320	260								0.10	3		
12	2.86			7.3	7.2	12.0			8.2		190		1	111		2	1782	4430	450	3.8	2505	2030	450	280								0.10	3		
13	5.67			7.2	7.2	10.0			8.4								1795	4780	440	3.2	2560	2105	420	290											
14	3.05																1772	4690	460	3.4	2595	2170	350	350											
15	3.07	3	3								96		1	54		2	1910	4160	450	3.2	2040	2010	350	320								0.10	1		
16	1.88			7.2	7.4	10.0			8.9								1934	4490	380	3.6	2380	2080	340	300											
17	5.95																1812		425	3.2			350	310											
18	2.98										236		1	151		2	1807		469	3.6			650	300								0.01	3		
19	3.10			7.3	7.2	14.0			8.7		136		1	72		2	1794	5070	600	2.8	3170	2540	650	310								0.10	3		
20	2.68			7.2	7.4	10.0			8.2								1717	5140	600	2.6	3010	2545	700	450											
21	3.23																1765	4480	550	2.4	3190	2650	350	450											
22	5.14	3	3														1797		600				400	400											
23	3.93			7.2	7.4	6.0			8.6								1696		550				410	300											
24	3.50																1928		600				380	330											
25	11.81										162		1	166		2	1863		570				420	350								0.10	3		
26	2.29			7.3	7.3	12.0			8.4		102		1	29		2	1912	7400	480	3.6	2760	2335	400	310								0.10	3		
27	3.78			7.0	7.4	3.0			8.4		72		1	56		3	2123	7080	490	3.4	2765	2300	440	300								0.10	3		
28	4.14																4016	5950	556	3.2	2740	2300	470	320											
29	4.42	3	3														3899	4780	500	3.6	2620	2155	450	350											
30	2.80																3481	4660	470	3	2505	2160	450	310											
31																																			
Tot.	####	15	15														58821																	0.09	3
Avg.	3.54	3	3	7.2	7.4	9.2			8.3		148		1	96		2	1961	4870	492.6	3.282	2697	2250	403.7	318.7											

RESIDENTIAL  
COMMERCIAL  
INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

33670 FLOW      16563 CBOD      20803 TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE