



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)

May 21, 2008

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

RE: Cedar Creek Treatment Plant, KPDES No: KY0098540  
Discharge Monitoring Report  
April 2008

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR), and the Monthly Operating Report (MOR) for the Cedar Creek Wastewater Treatment Plant, KPDES No.: KY0098540 for the month of April 2008. Also attached are the Discharge Reports and the Bypass Report letter for April 2008.

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 0408.doc

Enclosures

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



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



**MSD**

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

April 7, 2008

Mr. Charlie Roth, District Supervisor  
KY Division of Water  
Louisville Regional Office  
9116 Leesgate Road  
Louisville, KY 40222-5084

**Re: Bypass Report for the Cedar Creek WTP – KPDES Permit KY0098540**

Dear Mr. Roth:

This plant experienced a bypass event starting at 11:00 AM on April 4, 2008 and stopping at 4:30 PM on April 4, 2008. This was reported through our electronic notification system at approximately 12:00 PM on April 4, 2008, referencing Work Order 765767 as a Rain Event Discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

An estimated amount of 165,000 gallons of wastewater did not receive full secondary treatment. During the rain event on April 4, 2008 peak plant flow exceeded 24 MGD, causing raw sewage to bypass the oxidation ditch and go directly to the secondary clarifiers. Cleanup or mitigation was not necessary due to the fact wastewater did not escape from any of the permitted treatment tanks.

Please advise if you have any questions concerning this information. You can contact me at my office (502) 239-7695 or via my cell phone (502) 523-9957.

Sincerely,

James E. Porter Jr.  
Central Region Supervisor

cc: D. Guthrie R. Shaw/File B. Bingham Angela Akridge  
D. Thomasson M. Jenkins D. Talley



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

NAME OF TREATMENT PLANT CEDAR CREEK WTP  
 KPDES PERMIT NUMBER KY0098540

COUNTY JEFFERSON  
 PLANT CAPACITY 7.5 MGD

MONTH OF: April 2008  
 RECEIVING STREAM CEDAR CREEK

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH		SETTLABLE 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	WASTED	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLVSS (mg/L) X 1000	30 MIN.	60 MIN.	GALLONS X 1000	RAW			HAULED			NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)				
																												% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000							
1	6.89			6.7	6.4							2	66			2	47	3	3658	8950	420		5.4	3860	3155	320	300								0.06	3			
2	4.79			6.9	6.9	12.0							9.6			2	108	3	5467	7120	480		5.2	3885	3170	370	330								0.06	3			
3	9.32	3	3	6.9	6.9	8.0							9.4			2	29	3	5327	4810	510		5.6	2960	2195	300	280								0.06	1			
4	19.42			7.0	7.0	10.0							9.4						5031	5110	445		6.4	2610	1980	240	200												
5	9.08				7.2														5559		385					260	210												
6	5.72				7.2														4989		538					270	230												
7	6.89			6.9	7.1														4365	7430	460		5.3	2740	2020	250	240												
8	4.64			7.0	7.0								81			2	68	3	4271	9980	506		6	4990	3670	480	400								0.06	3			
9	4.56			7.0	7.0	16.0							9.4			2	46	3	4136	9350	550		5.8	4685	3715	490	380								0.06	3			
10	4.27	3	3	7.1	7.1	12.0							9.2			2	30	3	4140	8800	640		5.2	4475	3230	420	370								0.06	1			
11	4.54			7.2	7.1	11.0							9.3						4398	8900	480		5.3	3790	3200	410	350												
12	4.34			7.0	7.2														4434		512		5.3				450	380											
13	4.16			7.0	7.0														4399		521						460	400											
14	3.79			7.1	7.1														4437	8560	650		5.4	4510	3570	420	380												
15	3.71			7.2	7.1								9.4			2	58	3	4474	7880	620		5.8	3905	2865	400	360								0.06	3			
16	3.36			7.1	7.1	18.0							9.2			2	67	3	4397	7190	680		5.4	3880	2615	400	350								0.06	3			
17	3.40	3	3	7.0	7.2	10.0							9.0			2	64	3	4338	7880	640		5.6	3540	2935	400	350								0.06	3			
18	3.49			6.8	7.1	8.0													4396	7110	740		5.4	3660	2600	380	320												
19	3.50			6.7	7.0														4226		478		5.2				350	300											
20	3.74			6.8	7.0														4134		536		5				340	310											
21	3.59			6.9	7.1														3557	5370	625		5.4	3885	2885	380	340												
22	3.00			6.8	7.1								9.4			2	97	3	4290	5770	516		5.2	3635	2660	350	330								0.06	3			
23	3.20			6.9	7.0	8.0							9.3			2	74	3	4461	5180	580		5.4	3380	3320	380	340								0.06	3			
24	3.05	3	3	7.0	7.2	10.0							9.2			2	125	3	4375	6500	620		5.3	3680	2700	330	310								0.06	3			
25	2.58			7.0	7.1	9.0													4379	5930	670		5.8	3810	2930	380	340												
26	3.90			6.8	7.1														4401		635						290	350											
27	3.76			6.9	7.2														4186		521						340	300											
28	3.49			7.0	7.1														4186	5490	580		5.4	3560	2745	380	350												
29	2.51			6.9	7.1														4453	5360	610		5.6	3155	2575	370	340												
30	3.95			7.0	7.1														4283	5350	570		5.4	2990	2420	400	340												
31																																							
Tot.	####	12	12																1E+05																				
Avg.	4.89	3	3	7.0	7.1	11.0							9.3			2	68	3	4438	7001	557.3		5.472	3708	2871	367	326								0.06	2			

RESIDENTIAL  
 COMMERCIAL  
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT  
 46552 FLOW  
 16246 CBOD  
 18086 TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE



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

<b>KPDES #</b> KY0098540	<b>Facility ID</b> MSD0289	<b>Treatment Plant Name</b> CEDAR CREEK	<b>Receiving Stream of Treatment Plant</b> CEDAR CREEK	<b>Region</b> CENT					
<b>Facility Type</b> SSL Sewer Service Line	<b>Facility ID</b> 160264	<b>Facility Address</b> 6023 COOPER CHAPEL RD	<b>If Pump Station, Name of Pump Station:</b> FISHPOOL CREEK	<b>Discharge to</b> GROUND					
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 765783	<u>Initiated</u> 04/04/08 11:21 AM	<u>Initiated By</u> MARKS JR	<u>Assigned To</u> HATHAWAY	<u>Disch Status</u> DOCUMENTED	<u>Event Date</u> 06/03/06	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Result</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 04/04/08 04:50 PM

**Spot Inspections:**

Discharge Amount:	109,725 GAL
Cause:	LACK OF CAPACITY
Clean Up:	MSD CLEANED AND SANITIZED AREA
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	SEWAGE OBSERVED ON GROUND
Repair:	A SOLUTION FOR THIS LOCATION WILL BE INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN TO BE SUBMITTED BY DECEMBER 31, 2008

**Notifications:**

04/04/08 12:58 PM	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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region					
KY0098540 (Cont'd)	MSD0289	CEDAR CREEK	CEDAR CREEK	CENT					
Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to				
SLS Sewer Lift Station	MSD0161-LS	9017 BRANDYWYNE DR	HOLLY OAKS	FERN CREEK	DITCH				
<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>
DISREV: RAIN EVENT DISCHARGE	765422	04/04/08 01:00 AM	ELDER	SMITH	ELIMINATED	04/11/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	04/04/08 12:00 PM

**Spot Inspections:**

Discharge Amount:	33,000 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMPORARY SIGNS PLACED AROUND IMPACTED AREA
Impact:	SEWAGE OBSERVED ON THE GROUND
Repair:	THIS LOCATION WILL BE OUT OF SERVICE BY THE END OF APRIL 2008

**Notifications:**

04/04/08 12:58 AM 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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0098540 (Cont'd)	MSD0289	CEDAR CREEK	CEDAR CREEK	CENT

  

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SPL Sewer Treatment Plant	MSD0289	8605 CEDAR CREEK RD		CEDAR CREEK	GROUND

  

<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>
DISREV: RAIN EVENT DISCHARGE	765767	04/04/08 11:00 AM	ELDER	VIERLING	REPAIRED - ISSUE RESOLVED	01/18/08	BYPASS AT TREATMENT PLANT	DISCHARGE TO WATERS OF THE US	04/04/08 04:30 PM

**Spot Inspections:**

Discharge Amount:	165,000 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN
Clean Up:	NONE REQUIRED, OVERFLOWED PRIMARY TREATMENT, FLOW BYPASSED PARTIAL SECONDARY TREATMENT
Control Zone:	NONE REQUIRED, WATER DID NOT LEAVE THE SYSTEM
Impact:	NONE OBSERVED
Repair:	STAYED IN TANKS

**Notifications:**

04/04/08 12:58 AM	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

<b>KPDES #</b> KY0098540 (Cont'd)	<b>Facility ID</b> MSD0289	<b>Treatment Plant Name</b> CEDAR CREEK		<b>Receiving Stream of Treatment Plant</b> CEDAR CREEK	<b>Region</b> CENT				
<b>Facility Type</b> SLS Sewer Lift Station	<b>Facility ID</b> MSD1080-LS	<b>Facility Address</b> 8605 RUNNING FOX CIR	<b>If Pump Station, Name of Pump Station:</b> RUNNING FOX	<b>Receiving Stream</b> LITTLE CEDAR CREEK	<b>Discharge to</b> DITCH				
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 765770	<u>Initiated</u> 04/04/08 08:00 AM	<u>Initiated By</u> ELDER	<u>Assigned To</u> SMITH	<u>Disch Status</u> DOCUMENTED	<u>Event Date</u> 03/19/08	<u>Problem</u> PUMPED OVERFLOW	<u>Result</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 04/04/08 01:45 PM

**Spot Inspections:**

Discharge Amount:	25,875 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN
Clean Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	NONE REQUIRED, PUMPED DIRECTLY TO CATCH BASIN FF64029
Impact:	NONE OBSERVED
Repair:	SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED AND EVALUATED FOR REPAIR.

**Notifications:**

04/04/08 12:58 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
-------------------	--

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

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

Form Approved.  
OMB No. 2040-0004

NAME MSD CEDAR CREEK STP  
ADDRESS 0/0 CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY MSD CEDAR CREEK STP  
LOCATION LOUISVILLE KY  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0078540  
PERMIT NUMBER

0012  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

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)	9.0	*****	*****		9.0	*****	*****	( 19 )	0	3/1	
00300 0 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		FREE/GRAB WEEK	
PH	6.4	*****	*****		6.4	*****	7.2	( 12 )	0	3/1	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	5U		FREE/GRAB WEEK	
SOLIDS, TOTAL SUSPENDED	3356.40	*****	4490.81	( 26 )	*****	9.3	141	( 19 )	0	3/1	CONT
00500 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/COMPOS WEEK	
SOLIDS, TOTAL SUSPENDED	75.22	*****	116.76	( 26 )	*****	2.00	2.00	( 19 )	0	3/1	CONT
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1876 MD AVG	2915 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		FREE/COMPOS WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	369.75	*****	435.40	( 26 )	*****	10.4	13.9	( 19 )	0	3/1	CONT
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/COMPOS WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	0.07	*****	3.21	( 26 )	*****	0.06	0.06	( 19 )	0	3/1	CONT
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	625 MD AVG	738 MX WK AV	LBS/DY	*****	10 MD AVG	15 MX WK AV	MG/L		FREE/COMPOS WEEK	
PHOSPHORUS, TOTAL (AS P)	9.24	*****	13.93	( 26 )	*****	0.25	0.53	( 19 )	0	3/1	CONT
00665 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125 MD AVG	185 MX WK AV	LBS/DY	*****	2.0 MD AVG	3.0 MX WK AV	MG/L		FREE/COMPOS WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SPARDON II  
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  
Dennis E. Thomasson, Sr.

TELEPHONE 502 540-6000  
DATE 08 5 20

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

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

KY0098540  
 PERMIT NUMBER  
 001 2  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

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 90050 1 0 0 EFFLUENT GROSS VALUE	4.88	19.32	( 03 )	*****	*****	*****			7	ON	C/N
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	( 13 )	*****	2.00	3.00			0	3/7	COMB
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100ML		FREE/WEEK	COMPOS
300. CARBONACEOUS 05 DAY, 200 90082 0 0 0 RAW SEW/INFLUENT	2315	3089	( 26 )	*****	68	99			0	3/7	COMB
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE/WEEK	COMPOS
300. CARBONACEOUS 05 DAY, 200 90082 1 0 0 EFFLUENT GROSS VALUE	112.99	175.14	( 26 )	*****	3.00	2.00			0	3/7	COMB
	PERMIT REQUIREMENT	625	938	****	*****	10	15	MG/L		FREE/WEEK	COMPOS
300. CARB-S DAY, 20 90091 0 0 0 PERCENT REMOVAL	*****	*****	( 25 )	*****	94.6	*****	*****	PER-CENT	0	1/30	CALC
	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/MONTH	CALC
SOLIDS, SUSPENDED 91011 0 0 0 PERCENT REMOVAL	*****	*****	( 23 )	*****	97.5	*****	*****	PER-CENT	0	1/20	CALC
	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/MONTH	CALC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H. J. SUTRICK JR  
 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.

*Dennis E. Thomasson*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 502 540-6000  
 DATE  
 08 05 20

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