MSD

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

December 18, 2008

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort, Kentucky 40601

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

Dear Ms. Bentley:

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 November 2008. There were no Discharge Reports for the month as there were no discharges.

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

Sincerely,

Kevin D. Ries
Process Supervisor Central Region

KDR/Cedar Creek 1108.doc

Enclosures

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

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)*

KY0079540 — PERMIT NUMBER
001 E — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 06 MO 11 DAY 01 TO YEAR 06 MO 12 DAY 31

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

JEFFE

Form Approved.
OMB No. 2040-0004

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	*******	*******		8	*******	*******	(19) MG/L	Ø	03/07 THREE/WEEK	GR
	PERMIT REQUIREMENT	*******	*******	*** ****	7.0 INST MIN	*******	*******				GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		6.8	*******	7.1	(12) SU	Ø	03/07 THREE/WEEK	GR
	PERMIT REQUIREMENT	*******	*******	*** ****	6.0 MINIMUM	*******	9.0 MAXIMUM				GRAB
SOLIDS, TOTAL SUSPENDED 00530 6 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	6759	8481	(26) LBS/DY	*******	175	246	(19) MG/L	Ø	03/07 THREE/WEEK	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV				COMP 08
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	102	168	(26) LBS/DY	*******	2	3	(19) MG/L	Ø	03/07 THREE/WEEK	CP
	PERMIT REQUIREMENT	1576 MO AVG	2615 MX WK AV	LBS/DY	*******	30 MO AVG	45 MX WK AV				COMP 08
NITROGEN, AMMONIA TOTAL (AS N) 00610 6 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	1055	1167	(26) LBS/DY	*******	27	34	(19) MG/L	Ø	03/07 THREE/WEEK	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV				COMP 08
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	26	65	(26) LBS/DY	*******	0.7	2	(19) MG/L	Ø	03/07 THREE/WEEK	CP
	PERMIT REQUIREMENT	823 MO AVG	1700 MX WK AV	LBS/DY	*******	10 MO AVG	15 MX WK AV				COMP 08
PHOSPHORUS, TOTAL (AS P) 00665 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	27	61	(26) LBS/DY	*******	0.6	1	(19) MG/L	Ø	03/07 THREE/WEEK	CP
	PERMIT REQUIREMENT	125 MO AVG	188 MX WK AV	LBS/DY	*******	2.0 MO AVG	3.0 MX WK AV				COMP 08

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
H.J. Schneider 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.	Ken D.	502 540-6000	08	12	22
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)*

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD CEDAR CREEK STP
ADDRESS C/O CEDAR CREEK STP
0405 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	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 08 MO 11 DAY 01 TO YEAR 08 MO 11 DAY 30

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

JEFFS

Form Approved.
OMB No. 2040-0004

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	4.8	7.3	(03)	*******	*******	*******		0	CN	CN
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	**** *****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	3	3	(13)	0	03/07	CP
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	200 30DA GEO	400 7 DA GEO	#/ 100ML		THREE/ WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	41369	5192	(26)	*******	108	131	(17)	0	03/07	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/ WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	126	159	(26)	*******	3	3	(17)	0	03/07	CP
	PERMIT REQUIREMENT	625 MO AVG	938 MX WK AV	LBS/DY	*******	10 MO AVG	15 MX WK AV	MG/L		THREE/ WEEK	COMPOS
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 1 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		97	*******	*******	(20)	0	01/30	CA
	PERMIT REQUIREMENT	*******	*******	*** ****	85 MO MIN	*******	*******	PER- CENT		CALCUL MONTH	CALCUL
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		98	*******	*******	(20)	0	01/30	CA
	PERMIT REQUIREMENT	*******	*******	*** ****	85 MO MIN	*******	*******	PER- CENT		CALCUL MONTH	CALCUL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
H.J. Schroeder 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 502 NUMBER 540-6000	YEAR 08	MO 12	DAY 22

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

NAME OF TREATMENT PLANT CEDAR CREEK WTP COUNTY JEFFERSON MONTH OF: November 2008

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	RETURN GAL/DAY X 1000	RETURN MLSS X1000	WASTED GAL/DAY X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME 30 MIN.	SETTLED SLUDGE VOLUME 60 MIN.	RAW GALLONS X 1000	RAW % DRY SOLIDS	RAW % VOLATILE SOLIDS	HAULED % DRY SOLIDS	HAULED % VOLATILE SOLIDS	HAULED WITHDRAWN GALLONS X 1000	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
1	4.06																	1073		410				270	250								
2	4.03											208		2	74		3	1062		420				260	250							2.50	3
3	3.82			6.9	7.0					8.2		226		2	156		3	937	6270	400		2955	2250	270	240							0.50	3
4	3.89			7.0	6.9					8.2		165		2	163		3	1033	5610	400	2.6	2950		270	250							0.06	3
5	3.68			7.0	7.0					8.4								1245	5020	380	3.2	3110	2640	280	260								
6	3.70	3	3															1631	5480	450	4.2	3115	2535	280	270								
7	3.81																	1602	6800	448	4.4	3060	2270	270	250								
8	3.29																	1620		434	4.8			270	250								
9	4.31											218		2	138		3	1404		410	6.6			280	260							3.90	3
10	4.02			6.9	6.9					8.4		223		2	110		3	963	5960	420	3	3125	2315	290	270							1.20	3
11	4.09			7.0	7.0					8.6		297		2	97		3	1606	4990	470	3.2	3030	2300	300	280							0.45	3
12	4.04			7.1	7.0					8.6								1555	5170	450	3.4	2980	2330	280	260								
13	4.54	3	3															1568	5370	400	3.8	3255	2495	280	250								
14	5.61																	1592		420	3			290	260								
15	6.30																	1561		420	3.2			300									
16	7.34											114		2	100		3	1756		345		2925	2285	300	270							0.06	3
17	5.76			7.0	6.8					8.6		151		2	98		3	3245	5380	450	3.9	2980		310	290							0.06	3
18	5.99			7.0	7.0					8.4		119		2	95		3	2344	5060	450	5.2	2530	2080	310	290							0.06	3
19	5.18			7.2	7.1					8.4								2344	5950	460		2645	2145	30	260								
20	4.44	3	3															1761	5040	440	4.9	2800	2215	320	270								
21	4.19																	1809	4920	450	3.6			310	290								
22	4.44																	1788		430	4.6			310	280								
23	4.51											200		2	120		3	1775		460	4.2	2920	2220	320	280							0.06	3
24	6.52			6.9	6.9					8.4		91		6	66		3	1778	5360	420		2615	2125	310	280							0.06	3
25	6.22			7.2	7.0					8.6		90		2	78		3	1741	7180	530	4.34	2675	2255	330	290							0.06	3
26	5.66	3	3	7.0	6.9					8.6								1744	4940	500	4.8			320	280								
27	5.18																	1588		491				350	300								
28	4.64																	1827		464	3.6			340	290								
29	4.68																	1782		474				330	280								
30	4.88																	1693		450	3			340	290								
31																																	
Tot.	#####	12	12															49427															
Avg.	4.76	3	3	7.0	7.0					8.5		175		2	108		3	1648	5559	438.2	3.979	2922	2297	290.7	270.3							0.74	3

RESIDENTIAL

COMMERCIAL

INDUSTRIAL 0

INDUSTRIAL WASTE POPULATION EQUIVALENT

45340 FLOW 25204 CBOD 33118 TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE