



MSD

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

January 23, 2009

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
December 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 December 2008. Also included is the 4th quarter Bio-monitoring DMR.

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 1208.doc

Enclosures

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



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

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

RY10798590
PERMIT NUMBER

0012
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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)	00300 1 0 0	*****	*****		9.0	*****	*****	(19)	0	03/02	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		THREE	WEEK
PH	00400 1 0 0	*****	*****		7.0	*****	7.2	(12)	0	03/02	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	BU		THREE	WEEK
SOLIDS, TOTAL SUSPENDED	00500 0 0 0	4900	5229	(25)	*****	104	139	(19)	0	03/02	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		THREE	WEEK
SOLIDS, TOTAL SUSPENDED	00600 1 0 0	117	179	(25)	*****	2	2	(19)	0	03/02	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1076	2015		*****	30	45	MG/L		THREE	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	00610 0 0 0	654	827	(25)	*****	15	23	(19)	0	03/02	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		THREE	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	29	87	(25)	*****	0.7	2	(19)	0	03/02	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	623	700		*****	10	13	MG/L		THREE	WEEK
PHOSPHORUS, TOTAL (AS P)	00665 1 2 0	41	76	(25)	*****	0.8	1.0	(19)	0	03/02	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	123	155		*****	2.0	3.0	MG/L		THREE	WEEK

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.S. Seiderman
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
Dennis Thomasson

TELEPHONE: 502-540-6000
DATE: 09 01 23
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 MGD CEDAR CREEK STP
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MGD CEDAR CREEK STP
 LOCATION LOUISVILLE KY
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

210078540	0012					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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

Form Approved
 OMB No. 2040-0004

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	6.63	15.30	MGD	*****	*****	*****	*****	0	CN	CN	
EFFLUENT GROSS VALUE	MD AVG	DAILY MX	MGD	*****	*****	*****	*****		UCUS		
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	3	3	100ML	0	03/13	CP	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	30DA GED	7 DA GED	100ML		WEEK		
BOD, CARBONACEOUS 5 DAY, 20C 80082 0 0 0 RAW SEW/INFLUENT	3037	3541	LBS/DY	*****	66	97	MG/L	0	03/13	CP	
RAW SEW/INFLUENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEK		
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	174	220	LBS/DY	*****	3	4	MG/L	0	03/13	CP	
EFFLUENT GROSS VALUE	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEK		
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 0 0 0 PERCENT REMOVAL	*****	*****	*****	94	*****	*****	PER-CENT	0	01/31	CA	
PERCENT REMOVAL	*****	*****	*****	MD MIN	*****	*****	PER-CENT		MONTH		
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 0 0 0 PERCENT REMOVAL	*****	*****	*****	98	*****	*****	PER-CENT	0	01/31	CA	
PERCENT REMOVAL	*****	*****	*****	MD MIN	*****	*****	PER-CENT		MONTH		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 D. Schaefer
 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
 Ken = D Schaefer

TELEPHONE
 DATE
 AREA CODE NUMBER YEAR MO DAY
 502 541-6100 09 01 73

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: DANNIS THOMASSON, SR METRO OPS

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

KY0008540
 PERMIT NUMBER
 001 Y
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL
 METALS/BIOMONITORING/QUARTERLY EFFLUENT
 *** NO DISCHARGE ***

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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			
HAZARDOUS (TOTAL) (AS CAD3)		*****	*****		*****	253	253	MS/L		1/90	CP
00900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	DAILY MX	MS/L			
CADMIUM, DISSOLVED (AS CD)		*****	*****		*****	<0.001	<0.001	MS/L		1/90	CP
01025 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	DAILY MX	MS/L			
COPPER, DISSOLVED (AS CU)		*****	*****		*****	0.003	0.003	MS/L		1/90	CP
01040 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	DAILY MX	MS/L			
LEAD, DISSOLVED (AS PB)		*****	*****		*****	<0.005	<0.005	MS/L		1/90	CP
01047 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	DAILY MX	MS/L			
ZINC, DISSOLVED (AS ZN)		*****	*****		*****	0.0310	0.0310	MS/L		1/90	CP
01050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	DAILY MX	MS/L			
ZINC TOTAL RECOVERABLE		*****	*****		*****	0.0350	0.0350	MS/L		1/90	CP
01094 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	DAILY MX	MS/L			
COPPER TOTAL RECOVERABLE		*****	*****		*****	<0.001	<0.001	MS/L		1/90	CP
01113 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	DAILY MX	MS/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 D.J. Schardein
 Exec. Director
 TYPED OR PRINTED

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Signature of Principal Executive Officer or Authorized Agent
 Ken - D. [Signature]

TELEPHONE: 502-546-6600
 DATE: 09 01 23
 AREA CODE: 502 NUMBER: 546-6600 YEAR: 09 MO: 01 DAY: 23

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

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

NAME NSD CEDAR CREEK STP
 ADDRESS 0/0 CEDAR CREEK STP
 8408 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY NSD CEDAR CREEK STP
 LOCATION LOUISVILLE KY
 ATTN: DINNIS THOMASSON, SR METRO DPS

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

Form Approved.
 OMB No. 2040-0004

PERMIT NUMBER
 KY0000540

DISCHARGE NUMBER
 0001

MAJOR
 (SUBP LV)
 F - FINAL

JEFF

METALS/BIO MONITORING/QUARTERLY
 EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LEAD TOTAL RECOVERABLE 01118 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	MG/L		4/90	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT				
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	MG/L		4/90	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT				
TOXICITY, FINAL CLINICAL TOXICITY UNITS 61406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<1.0	<1.0	CHRONIC TOXICITY		4/90	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. Schindler
 exec. Director
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 H.S. Schindler

TELEPHONE
 502 546-6000
 DATE
 04 01 90

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

NAME OF TREATMENT PLANT CEDAR CREEK WTP
 KPDES PERMIT NUMBER KY0098540

COUNTY JEFFERSON
 PLANT CAPACITY 7.5 MGD

MONTH OF: December 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	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	4.62												156		2	98		3	1616	4970	440	5.2	2860	2385	470	350									4.80	3	
2	4.33			7.0	7.0								155		2	113		3	1753	5360	400	5.4	2940	2450	550	380									1.80	3	
3	4.20			7.0	7.2								107		2	79		3	1772	5610	200	3.2	2930	2695	550	390									0.28	3	
4	5.08			7.0	7.1														1753	6300	390	3.8	2550	2265	460	330											
5	4.79	3	3																1791	5040	400	3.8	2490		450	400											
6	4.98																		1804		367	4.3			460	400											
7	4.86																				352	4.3			440	390											
8	4.41												214		2	122		3	1791	5210	350	4.3	3400	2830	670	400									0.06	3	
9	5.73			7.0	7.2								86		3	55		3	1819	5420	540		3030	2470	460	360									0.39	3	
10	8.89			7.1	7.1								50		2	23		3	1967	6680	380	3.6	2830	2200	350	300									0.17	3	
11	6.61			7.0	7.0														3674	6140	430	4	2825	2200	320	290											
12	6.80	3	3																3751	5440	450	3.8	3260	2670	530	450											
13	6.27																		2417		445	3.4			360	350											
14	5.38																		1795		390				480	380											
15	5.45												110		2	73		3	1750	6240	670	2	3460	2985	550	400									0.06	3	
16	5.78			7.0	7.0								97		2	57		7	1780	5130	420	4	3080	2555	450	370									0.06	3	
17	5.90			7.0	7.1								70		2	51		3	1827	6440	500	5.2	2870	2360	450	350									0.06	3	
18	5.65			6.9	7.1														1739	6240	555	4.7	2915	2435	480	350											
19	7.45	3	3																1802	5940	500	4.8	2805		440	340											
20	7.12																		1701		424				320	280											
21	6.31																			500				360	310												
22	5.58																				500				360	310											
23	5.30			7.0	7.2								73		2	57		3	1745	4980	450	5.2	2670	2240	360	320									0.28	3	
24	15.30																		1790	5350	555	5.2	3050	2525	450	300											
25	11.60												56		3	28		3	3188		180	4.2			400	320											
26	8.41	3	3	7.0	7.1														4384	6990	450	4.4	2565		360										0.34	3	
27	9.00																		3477		450				390	250											
28	9.18												76		2	40		3	3659		450				380	290									0.06	3	
29	8.15			6.9	7.1														3660	6110	450	4.8	2735	2295	350	300											
30	6.48																		3655	5820	470	4.4	2725	2235	350	290											
31	6.05																		3721	4480	450	4.6	2550	2238	380	300											
Tot.	205.66	12	12																69400																		
Avg.	6.63	3	3	7.0	7.1								104		2	66		3	2393	5708	432.5	4.296	2883	2446	430.3	339.7									0.69	3	

RESIDENTIAL
 COMMERCIAL
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

63183 FLOW 21589 CBOD 27445 TSS

Shaun Smith

OPERATOR

17987

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0

SEWERED POPULATION

(502) 239-7695

PLANT TELEPHONE