



**MSD**

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

September 24, 2008

Charlie Roth  
Louisville Regional Office (KDOW)  
9116 Leesgate Road  
Louisville, KY 40222-5084

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

Dear Mr. Roth:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR), for the Cedar Creek WTP, KPDES No.: KY0098540 for the month of August 2008. There are no Discharge Reports attached as there were no discharges for the month.

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 0808.doc

Enclosures

cc: V. Prather (KDOW)  
T. Singleton  
R. Shaw



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

NAME OF TREATMENT PLANT CEDAR CREEK WTP

COUNTY JEFFERSON

MONTH OF: August 2008

KPDES PERMIT NUMBER KY0098540

PLANT CAPACITY 7.5 MGD

RECEIVING STREAM CEGAR 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	WASTED X 1000	GAL/DAY X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLYSS (mg/L) X 1000	30 MIN.	60 MIN.	RAW			HAULED			NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)			
																											GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000					
1	2.95																1496	7330	460	4.4	3315	2400	300	280													
2	2.99																1352		440	4.6			290	290													
3	2.35													276	3	116	3	1221		460	4.4			300	290									0.06	3		
4	2.62			7.0	6.8					7.8	90	2	43	3	1085	7260	560	4.1	3235	2365	310	300												0.06	3		
5	2.82			6.9	6.9					7.8	226	3	94	3	1429	3840	500	4.6	3415	2520	320	300												0.06	3		
6	3.24			7.0	6.8					8.0						1562	5810	580	4.6	3360	2485	310	300														
7	2.77	3	3													1629	6940	580	4.8	3235	2430	320	300														
8	2.27															1640	6610	580	5	3380	2580	310	300														
9	2.66															1668		505				290	270														
10	3.05													273	2	138	3	1760		497			300	280										0.06	3		
11	2.34			7.1	7.0					8.4	209	2	113	3	1720	5500	500	5	2990	2155	300	280												0.06	3		
12	2.22			7.0	6.9					8.6	202	2	191	3	1786	5610	450	5.4	2905	2130															0.06	3	
13	2.64			6.9	7.0					8.2						1620	5240	500	5	2935	2200	310	290														
14	2.49	3	3													1280	5330	450	4.8	2745	1940	290	260														
15	2.40															1214	5080	450	2.3	3040	2290	320	280														
16	2.54															1619		420	3.4			320	270														
17	3.02										127	2	129	3	1520		500	2.2			300	270												0.06	3		
18	1.96			7.0	7.4					8.2	193	2	188	3	1480	4840	550	5.2	3085	2285	300	270												0.06	3		
19	2.31			6.9	7.3					8.0	156	2	298	3	1719	5060	480	4.9	2925	2225	300	280												0.06	3		
20	2.29			7.0	7.2					8.2						1705	5620	510	5.1	3040	2285	310	290												0.06	3	
21	2.31	3	3													1670	4530	485	5	3105	2190	280	270														
22	2.34															1675	4560	465	5	2895	2310	300	280														
23	2.71															1661		480				300	290														
24	2.77															1549		495				300	290												0.06	3	
25	2.35			6.8	7.0					8.2	165	2	131	3	1406	4660	500	4.8	2920	2270	310	290												0.06	30		
26	3.03			6.9	7.2					8.0	245	2	176	3	1575	5230	420	4.6	2985	2360	310	290													0.06	3	
27	2.66			6.9	6.9					8.0						1602	6870	600	5.2	3360	2545	310	290														
28	2.42	3	3													1618	5640	600	5	3025	2315	300	280														
29	2.41															1655	5560	500	4.8	3410	2525	300	280														
30	2.56															1627		550				290	270														
31	2.45															1596		596				280	270														
Tot.	79.94	12	12													48139																					
Avg.	2.58	3	3	7.0	7.0					8.1	191	2	144	3	1553	5577	505.3	4.568	3110	2324	302.7	283.3												0.06	4		

RESIDENTIAL  
COMMERCIAL  
INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

24559                      18270                      19552

FLOW                      CBOD                      TSS

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

OPERATOR

CERT. NO.

PLANT TELEPHONE

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

NAME MSD CEDAR CREEK STP  
ADDRESS C/O CEDAR CREEK STP  
2405 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  
0012 DISCHARGE NUMBER

MAJOR (SUBR LV)  
F - FINAL  
NEW EXPANSION  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	08	01		05	08	31

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 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7.8 7.0 INST MIN	*****	*****	( 19) MG/L	0	3/7	COND
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.8 6.0 MINIMUM	*****	7.4 9.0 MAXIMUM	( 12) SU	0	3/7	COND
SOLIDS, TOTAL SUSPENDED 00500 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	4101 REPORT MO AVG	4921 REPORT MX WK AV	( 26) LBS/DY	*****	191 REPORT MO AVG	228 REPORT MX WK AV	( 19) MG/L	0	3/7	COND
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	46.46 1876 MO AVG	59.69 2815 MX WK AV	( 26) LBS/DY	*****	2.00 30 MO AVG	3.00 45 MX WK AV	( 19) MG/L	0	3/7	COND
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	511.94 REPORT MO AVG	715.01 REPORT MX WK AV	( 26) LBS/DY	*****	24.3 REPORT MO AVG	31.4 REPORT MX WK AV	( 19) MG/L	0	3/7	COND
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.19 250 MO AVG	1.25 375 MX WK AV	( 26) LBS/DY	*****	0.06 4 MO AVG	0.06 6 MX WK AV	( 19) MG/L	0	3/7	COND
PHOSPHORUS, TOTAL (AS P) 00665 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.41 63 MO AVG	1.73 94 MX WK AV	( 26) LBS/DY	*****	0.07 1.0 MO AVG	0.09 1.5 MX WK AV	( 19) MG/L	0	3/7	COND

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. SCHARDEIN JR 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 <i>James E. P... 502-540-6000</i>	TELEPHONE AREA CODE NUMBER	DATE YEAR MO DAY
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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 070 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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	08	01		08	08	31

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

NOTE: Read instructions before completing this form.

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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 80050 1 0 0 EFFLUENT GROSS VALUE		2.58	2.82	( 03 )	*****	*****	*****			Ø	9/M C/N
		REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			CONTINUED
		*****	*****		*****	*****	*****	****			DUOUS
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	4.00	6.00	( 13 )		Ø	3/7 Comb
		*****	*****	***	*****	300	400	#/			FREE/COMPOS
		*****	*****	***	*****	30DA 6ED	7 DA 6ED	100ML			WEEK
BOD, CARBONACEOUS 05 DAY, 200 80082 6 0 0 RAW SEW/INFLUENT		3036	4021	( 26 )	*****	144	205	( 19 )		Ø	3/7 Comb
		REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L			FREE/COMPOS
		*****	*****		*****	*****	*****	*****			WEEK
BOD, CARBONACEOUS 05 DAY, 200 80082 1 0 0 EFFLUENT GROSS VALUE		64.3	67.97	( 26 )	*****	3.00	3.00	( 19 )		Ø	3/7 Comb
		625	938		*****	10	15				FREE/COMPOS
		*****	*****		*****	MO AVG	MX WK AV	MG/L			WEEK
BOD, CARB-5 DAY, 20 DEG C. PERCENT REMVL 80091 1 0 0 PERCENT REMOVAL		*****	*****		93.0	*****	*****	( 23 )		Ø	1/30 Comb
		*****	*****	***	*****	*****	*****	PER-			SINCE/ CALCD
		*****	*****	***	MO MIN	*****	*****	CENT			MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 PERCENT REMOVAL		*****	*****		97.8	*****	*****	( 23 )		Ø	1/30 Comb
		*****	*****	***	*****	*****	*****	PER-			SINCE/ CALCD
		*****	*****	***	MO MIN	*****	*****	CENT			MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

*Jenna E. [Signature]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 50540-6000  
DATE: 08 09 24  
AREA CODE: 505 NUMBER: 540-6000 YEAR: 08 MO: 09 DAY: 24

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