



**MSD**

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

March 25, 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  
February 2008

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 February 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 0208.doc

Enclosures

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



*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: February 2008  
 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			DISOLVED 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)			
																		GAL/DAY X 1000	MLSS x 1000	GAL/DAY X 1000				30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000					
1	4.64			7.1	7.3												3181	7310	452	3.8	3270	2565	430	350												
2	4.82	3	3	7.2	7.3				9.2								3216		460				410	340												
3	5.32			7.1	7.3				9.6				52	3	95	3	2917		480				450	350									0.06	3		
4	4.79			7.1	7.2				9.7				104	4	95	3	2073	7500	465	3.2	4470	3430	420	330									0.06	3		
5	10.75			7.2	7.2				9.4				106	2	43	3	3117	6930	470	3.6	3350	2710	450	350									0.06	3		
6	9.08			7.1	7.3				9.4								2936	9990	460	4.2	2405	1810	250	220												
7	7.23			7.1	7.2				9.2								3193	4660	445	5	2270	1610	250	220												
8	5.10			7.2	7.1				9.4								3042	8970	425	4.2	2925		340	290												
9	4.70	3	3	7.2	7.3				9.2								3098		440				320	270												
10	4.71			7.1	7.2				9.2				97	3	122	3	3046		450				380	280									0.50	10		
11	4.14			7.1	7.2				9.2				50	2	69	3	3088	7320	470	4.6	3835	2825	400	360									0.06	17		
12	11.46			7.1	7.2				9.4				154	7	65	3	3230	6600	450	4.4	4535	3370	400	370									0.06	7		
13	7.76			7.2	7.1				9.4								3295	9890	460	4.2	3230	3230	400	300												
14	6.69			7.1	7.1				9.2								3192	5440	420	4	2745		450	300												
15	6.23			7.0	7.2				9.6								3246	6410	460	4.2	3140	2415	550	290												
16	5.88	3	3	7.1	7.1				9.4								3206		432				550	330												
17	6.90			7.0	7.2				9.6				61	3	66	3	3184		486				500	330									0.06	7		
18	5.72			7.2	7.2				9.6				82	3	65	3	3108	6780	442	4.8	3535	2520	540	340									0.06	5		
19	4.83			7.1	7.1				9.4				94	14	84	3	3262	8440	502	4.6	4120	3030	470	350									0.06	13		
20	4.32			7.2	7.2				9.0								3096	8500	580	4.4	5420	4030	530	400												
21	5.41			7.1	7.1				9.4								3110	8860	545	4.8	4140		520	430												
22	6.42			7.0	7.1				9.2								3279	9990	606	4.9	4310		450	370												
23	7.89	3	3	7.0	7.0				9.4								3174		500				500	380												
24	5.75			7.0	7.0				9.6				101	2	287	10	3347		500	5			500	350									0.06	10		
25	5.27			7.2	7.1				9.2				94	2	66	3	3352	9990	514	5.5	4660	3950		430									0.06	3		
26	5.75			7.1	7.1				9.4				82	2	58	3	3353	9350	610	5	4395	3350		420									0.06	3		
27	5.62			7.0	7.1				9.0								2818	9940	620	5.2	4145	3140		340												
28	6.24			7.0	7.1				9.2								3027	9610	640	5	4750			380												
29	4.39			7.2	7.1				9.4								3097	8190	624	4.8	4315			400												
30																																				
31																																				
Tot.	####	12	12						9.4								90263																			
Avg.	6.13	3	3	7.1	7.2				9.4				90	4	93	4	3113	8127	496.8	4.518	3808	2932	435.8	340.3									0.09	6		

RESIDENTIAL  
 COMMERCIAL  
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT  
58394 FLOW  
27949 CBOD  
21854 TSS

OPERATOR \_\_\_\_\_

CERT. NO. \_\_\_\_\_

TOTAL NUMBER OF SEWER CONNECTIONS \_\_\_\_\_  
 SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

0

PLANT TELEPHONE \_\_\_\_\_

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

KY009B540		001 2				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	27

MAJOR (SUBR LV)  
F - FINAL  
NEW EXPANSION  
EFFLUENT  
\*\*\* NO DISCHARGE 1 [ ] \*\*\*

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	3/7 2008	HREE/GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L			WEEK
PH	00400 1 0 0	*****	*****		7.0	*****	7.3	( 12)	0	3/7 2008	HREE/GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU			WEEK
SOLIDS, TOTAL SUSPENDED	00500 0 0 0	4991.91	6751.81	( 25 )	*****	90	100	( 19)	0	3/7 2008	HREE/COMPOS
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L			WEEK
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	205.91	293.08	( 26 )	*****	4.00	7.00	( 19)	0	3/7 2008	HREE/COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1875 MO AVG	8815 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L			WEEK
NITROGEN, AMMONIA TOTAL (AS N)	00610 0 0 0	475.78	525.26	( 25 )	*****	10.4	11.3	( 19)	0	3/7 2008	HREE/COMPOS
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L			WEEK
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	4.32	8.39	( 26 )	*****	0.09	0.20	( 19)	0	3/7 2008	HREE/COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	325 MO AVG	738 MX WK AV	LBS/DY	*****	10 MO AVG	15 MX WK AV	MG/L			WEEK
PHOSPHORUS, TOTAL (AS P)	00665 1 2 0	10.17	19.51	( 26 )	*****	0.15	2.08	( 19)	0	3/7 2008	HREE/COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125 MO AVG	188 MX WK AV	LBS/DY	*****	2.0 MO AVG	3.0 MX WK AV	MG/L			WEEK

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHROEDER JR.  
BY SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
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. Smith*

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	510 6000	08	03	24

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)  
F - FINAL

JEFFE

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

KY0078540  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	02	01		05	02	27

FROM

TO

NEW EXPANSION  
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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	6.11	11.46	( GPD )	*****	*****	*****					
50090 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
EFFLUENT GROSS VALUE										UOUS	
COLIFORM, FECAL GENERAL	*****	*****	( 13 )	*****	6.00	11.00	( 13 )				
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	200	400	*/			FREE/	COMPOS
EFFLUENT GROSS VALUE					30DA GED	7 DA GED	100ML			WEEK	
BOD, CARBONACEOUS 05 DAY, 20C	4542.68	6491.76	( 26 )	*****	93	137	( 19 )				
00082 3 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/	COMPOS
RAW SEW/INFLUENT										WEEK	
BOD, CARBONACEOUS 05 DAY, 20C	184.12	251.76	( 26 )	*****	4.00	5.00	( 19 )				
20082 1 0 0	PERMIT REQUIREMENT	225	335		10	15				FREE/	COMPOS
EFFLUENT GROSS VALUE					MD AVG	MX WK AV	MG/L			WEEK	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	*****	*****	( 23 )	*****	93.0	*****	*****	PER-			
00091 1 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	CENT		ONCE/	CALCTD
PERCENT REMOVAL					MD MIN					MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	( 23 )	*****	85.1	*****	*****	PER-			
01011 1 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	CENT		ONCE/	CALCTD
PERCENT REMOVAL					MD MIN					MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. S. SCHROEDER 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  
*James E. Portch*

TELEPHONE  
502 510 6000  
DATE  
08 03 04

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