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

April 22, 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
March 2008

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR), the Monthly Operating Report (MOR), and the Bio-monitoring Report for the Cedar Creek Wastewater Treatment Plant, for the month of March 2008. Also attached are the Discharge Reports for March 2008.

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

Sincerely,

James E. Porter Jr.

James E. Porter Jr.
Process Supervisor Central Region

JEP/Cedar Creek 0308.doc

Enclosures

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

Form Approved.
OMB No. 2040-0004

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

NAME MSD CEDAR CREEK STP

ADDRESS C/O CEDAR CREEK STP
8403 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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	03	01	TO	05	03	31

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

JEFFE

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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		9.0	******	******	(19)	Ø	3/7	Grab
	PERMIT REQUIREMENT	******	****** **** ****		7.0 INST MIN	******	******	MG/L		THREE/WEEK	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.9	******	7.4	(12)	Ø	3/7	Grab
	PERMIT REQUIREMENT	******	****** **** ****		6.0 MINIMUM	******	9.0 MAXIMUM	SU		THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 6 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	5770	10530	(26)	******	94	129	(19)	Ø	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	242	440	(26)	******	4.00	5.00	(19)	Ø	3/7	Comp
	PERMIT REQUIREMENT	1876 MO AVG	2815 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 6 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	630	717	(26)	******	12.2	15.0	(19)	Ø	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.03	3.96	(26)	******	0.06	0.06	(19)	Ø	3/7	Comp
	PERMIT REQUIREMENT	625 MO AVG	938 MX WK AV	LBS/DY	******	TO MO AVG	15 MX WK AV	MG/L		THREE/WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	12.35	22.66	(26)	******	0.20	0.29	(19)	Ø	3/7	Comp
	PERMIT REQUIREMENT	125 MO AVG	186 MX WK AV	LBS/DY	******	2.0 MO AVG	3.0 MX WK AV	MG/L		THREE/WEEK	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.S. SHACKELFORD JR.
DIRECTOR, LOUISVILLE MSD
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

TELEPHONE AREA CODE 502 NUMBER 540-6000

DATE YEAR 99 MO 04 DAY 28

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD CEDAR CREEK STP
ADDRESS C/O CEDAR CREEK STP
8435 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	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	03	01	TO	08	03	31

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

JEFFE

NOTE: Read Instructions before completing this form.

PARAMETER		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 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7.08	8.19	(03)	*******	*******	*******		Ø	C/W	24HR COMPOS
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	******* ****	****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	3.00	3.00	(13)	Ø	3/W	GRAB
	PERMIT REQUIREMENT	*******	******* ****	****	*******	200 30DA GEO	400 #/ 7 DA GEO	100ML		THREE/ WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C 00082 3 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	3780	4196	(26)	*******	70	86	(19)	Ø	3/W	24HR COMPOS
	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 00082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	176.16	216.26	(26)	*******	3.00	3.00	(19)	Ø	3/W	24HR COMPOS
	PERMIT REQUIREMENT	825 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 00091 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		90.9	*******	*******	(23)	Ø	1/31	CALCTD
	PERMIT REQUIREMENT	*******	******* ****	****	85 MO MIN	*******	*******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		90.0	*******	*******	(23)	Ø	1/31	CALCTD
	PERMIT REQUIREMENT	*******	******* ****	****	85 MO MIN	*******	*******	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
H.J. SCHROEDER JR. EXECUTIVE 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 502	NUMBER 540-6000	YEAR 08	MO 04	DAY 22
TYPED OR PRINTED							

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

Form Approved.
OMB No. 2040-0004

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

NAME MSD CEDAR CREEK STP

ADDRESS C/O CEDAR CREEK STP
6405 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 Y
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	01	01	TO	02	03	31

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

JEFFS

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HARDNESS, TOTAL (AS CACO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	262	263	(19)	Ø	1/qr QTRLY	COMP/G
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L			
CADMIUM, DISSOLVED (AS CD) 01025 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	<0.0001	<0.0001	(19)	Ø	1/qr QTRLY	COMP/G
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L			
COPPER, DISSOLVED (AS CU) 01040 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.002	0.002	(19)	Ø	1/qr QTRLY	COMP/G
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L			
LEAD, DISSOLVED (AS PB) 01049 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	<0.005	<0.005	(19)	Ø	1/qr QTRLY	COMP/G
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L			
ZINC, DISSOLVED (AS ZN) 01090 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.0157	0.0157	(19)	Ø	1/qr QTRLY	COMP/G
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	1.3069	1.3069	(19)	Ø	1/qr QTRLY	COMP/G
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L			
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	<0.0001	<0.0001	(19)	Ø	1/qr QTRLY	COMP/G
	PERMIT REQUIREMENT	*******	*******	*** ****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
H. J. SCHROEDER JR. PRESIDENT CITIZENS	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 02	MO 04	DAY 24
TYPED OR PRINTED							

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
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LOCATION LOUISVILLE KY
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0098540	001 Y
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	01	01	TO	05	03	31

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

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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
LEAD, TOTAL RECOVERABLE, 01114 1 0 0, EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	<0.005	<0.005	(19)	0	1/92	COMP
	PERMIT REQUIREMENT	*******	*******	*****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER, TOTAL RECOVERABLE, 01119 1 0 0, EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.401	0.401	(19)	0	1/92	COMP
	PERMIT REQUIREMENT	*******	*******	*****	*******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS, 51405 1 0 0, EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	*******	<1.00	(2B)	0	1/92	COMP
	PERMIT REQUIREMENT	*******	*******	*****	*******	*******	I. C CHRONC DAILY MX	TOXCTY		QTRLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
H. J. SCHROEDER JR. EXECUTIVE 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.	James B. Pitt Jr.	AREA CODE 502	NUMBER 540-6000	YEAR 05	MO 04	DAY 29
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

NAME OF TREATMENT PLANT CEDAR CREEK WTP COUNTY JEFFERSON MONTH OF: March 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	4.43			7.2	7.2					9.6								3071		557				490	400								
2	4.63			7.1	7.4	12.0				9.5		110		3	88		3	2943		545				500	420							0.06	3
3	6.78			7.2	7.1	14.0				9.4		96		4	67		3	3191	9340	600	3.8	4470	3300	500	380							0.06	3
4	14.72			7.0	7.1	10.0				9.6		180		9	42		3	3474	9990	580	6.4	2275	2040	220	200							0.06	3
5	10.03			7.1	7.1					9.2								4013	6080	620	5.8	1845	1470	160	150								
6	8.13	3	3	7.1	7.2					9.0								4896	5200	540	5.4	2645		160	150								
7	5.05			7.0	7.0					9.4								4927	5820	552	5.6	2840		170	150								
8	6.42			7.0	7.1					9.2								4928		400				420	330								
9	7.02			7.1	7.0	8.0				9.0		117		4	97		3	5007		520				400	350							0.06	3
10	9.02			7.1	7.1	5.0				9.4		84		3	59		3	4761	8800	490	5.2	4215	3710	380	310							0.06	3
11	7.60			7.0	7.3	11.0				9.0		25		2	39		3	4592	9980	500	5.2	3900	3000	360	280							0.06	3
12	7.55			7.1	7.1					9.4								4903	5750	512	5	3670	2680	370	300								
13	5.56	3	3	7.0	7.4					9.4								4971	8090	632	5.2	4345	3300	390	330								
14	6.08			7.1	7.3					9.4								5171	8840	650	5.4	3420	3120	350	310								
15	8.15			7.1	7.2					9.0								4937		501	5.2			340	290								
16	6.92			6.8	6.9	10.0				9.6		82		3	76		3	4915		556	6.5			350	280							0.06	3
17	4.68			6.9	6.9	5.0				9.2		121		3	80		3	4734	7430	560	5.8	3850	3070	360	300							0.06	3
18	9.59			7.1	7.2	11.0				9.2		40		4	38		3	4951	8230	531	6	3870	2940	350	300							0.06	3
19	13.54			7.2	7.1					9.0								4911	9870	564	5.4	3135	2460	260	230								
20	9.87	3	3	7.3	7.2					9.3								4683	8950	394	5.2	1255	1050	170	150								
21	4.55			7.2	7.1					9.4								5265	5270	450	5	1655	1310	200	170								
22	5.53			7.1	7.0					9.4								5178		400	5.4			190	170								
23	4.99			7.0	7.3	8.0				9.6		110		3	128		3	5124		450	5.6			200	170							0.06	3
24	4.46			6.9	7.1	10.0				9.4		42		2	33		3	5062	5250	457	5.6	2265	1905	300	220							0.06	3
25	4.28			7.2	7.0	6.0				9.2		115		2	98		3	5030	5580	420	5.4	2830	2270	250	230							0.06	3
26	4.01			7.1	7.1					9.6								5120	5090	520	5.3	2715	2365	250	240								
27	9.21	3	3	7.2	7.1					9.2								5001	4280	380	5.6	2410	2015	230	220								
28	9.20			7.1	7.2					9.6								5080	5660	400	6	2000	1465	230	210								
29	6.27			7.0	7.0					9.2								5226		458				240	220								
30	5.84			6.9	7.1					9.4								4883		407				180	150								
31	5.60			7.0	7.0					9.2								4261		400				190	160								
Tot.	#####	12	12															1E+05														
Avg.	7.09	3	3	7.1	7.1	9.2				9.3		94		4	70		3	4684	7175	501.5	5.458	2981	2415	295.5	250.6							0.06	3

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

67499	24484	26318		
FLOW	CBOD	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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0098540	MSD0289	CEDAR CREEK	CEDAR CREEK	CENT

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SSL Sewer Service Line	160264	6023 COOPER CHAPEL RD		FISHPOOL CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	751096	03/04/08 02:00 AM	ELDER	RHEINLAENDER JR	D	06/03/06	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	03/04/08 09:00 PM

Spot Inspections:

Discharge Amount:	14,700 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD CLEANED & SANITIZED AREA CLEANUP WO#5183183
Control Zone:	TEMPORARY SIGNS WERE PLACED
Impact:	PERSONAL HYGIENE PRODUCTS WERE FOUND ALSO DISCOLORATION IN THE STREAM.
Repair:	SAP HAULING WO#5183179

Notifications:

03/04/08 12:58 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/04/08 12:58 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/05/08 02:34 PM	Temporary signs were placed around affected area.

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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	756882	03/19/08 07:00 AM	ELDER	HATHAWAY	D	06/03/06	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	03/20/08 05:00 AM

Spot Inspections:

Discharge Amount:	66,000 GAL
Cause:	LACK OF SYSEM CAPACITY
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	TEMPORARY SIGNS PLACED AROUND AFFECTED AREA
Impact:	SEWAGE ON THE GROUND
Repair:	BEGAN HAULING TO ELIMINATE DISCHARGE,WO#757490, SAP WO# 5184213, HAULED 24800 GALLONS

Notifications:

03/19/08 12:58 AM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/19/08 12:58 AM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/19/08 07:00 AM	Temporary signs placed around affected area

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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	751035	03/04/08 12:15 PM	SINGLETON	PORTER JR	E	04/11/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	03/04/08 12:30 PM

Spot Inspections:

Discharge Amount:	200 GAL
Cause:	LACK OF SYSTEM CAPACITY - HEAVY RAIN
Clean Up:	NO DEBRIS- JUST WATER
Control Zone:	PERMANENT SIGN POSTED
Impact:	NO VISUAL IMPACT OBSERVED
Repair:	THIS PUMP STATION WILL BE OUT OF SERVICE BY THE END OF APRIL 2008

Notifications:

03/04/08 02:50 PM	Permanent sign posted
03/04/08 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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	751194	03/04/08 03:30 PM	MARKS JR	PORTER JR	E	04/11/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	03/04/08 06:00 PM

Spot Inspections:

Discharge Amount:	4,000 GAL
Cause:	STORM FLOW LACK OF SYSTEM CAPACITY
Clean Up:	CLEAN UP NOT POSSIBLE DUE TO ELEVATED CREEK LEVEL.
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	SEWAGE OBSERVED ON GROUND
Repair:	HAULED TO STOP DISCHARGE WO#5183194

Notifications:

03/04/08 12:58 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/05/08 07:39 AM	Temporary sign posted

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	MSD1080-LS	8605 RUNNING FOX CIR	RUNNING FOX	LITTLE CEDAR CREEK	DITCH

Activity Code / Description	WQ #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	757052	03/19/08 01:30 PM	SINGLETON	PORTER JR	D	03/19/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	03/19/08 09:30 PM

Spot Inspections:

Discharge Amount:	48,000 GAL
Cause:	SET-UP TRASH PUMP DUE TO STORM FLOW
Clean Up:	CLEAN UP NOT POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	MSD PERSONNEL PLACED BARRICADES AROUND THE IMPACTED AREA
Impact:	SOLIDS NOTICED ON THE GROUND
Repair:	SET UP PUMP TO PREVENT BACK UPS

Notifications:

03/19/08 12:58 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/19/08 01:30 PM	MSD personnel placed barricades around the impacted area.
03/19/08 12:58 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov