MSD

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

October 23, 2008

Ms. Vickie L. Prather
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

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

Dear Ms. Prather:

Attached is the Discharge Monitoring Report (DMR) for the Cedar Creek Wastewater Treatment Plant, KPDES No.: KY0098540 for the month of September 2008. Also included is the 3rd quarter Bio-monitoring Report (DMR). 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

JEP/Cedar Creek 0908.doc

Enclosures

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

MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
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October 23, 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
September 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 September 2008. Also included is the 3rd quarter Bio-monitoring Report (DMR). 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,

Kevin D. Ries
Process Supervisor Central Region

JEP/Cedar Creek 0908.doc

Enclosures

cc: V. Prather (KDOW)
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
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	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 08 MO 07 DAY 01 TO YEAR 08 MO 07 DAY 30

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)	SAMPLE MEASUREMENT	******	******		7.8	******	******	(19)	Ø	03/07	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	7.0 INST MIN	******	******	MG/L		THREE/WEEK	GRAB
PH	SAMPLE MEASUREMENT	******	******		6.8	******	7.2	(12)	Ø	03/07	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5400	6281	(26)	******	183	210	(19)	Ø	03/07	CP
00530 G 0 0 RAW SEW/INFLUENT	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	SAMPLE MEASUREMENT	59	65	(26)	******	2	2	(19)	Ø	03/07	CP
00530 1 0 0 EFFLUENT GROSS VALUE	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)	SAMPLE MEASUREMENT	925	1014	(26)	******	32	32	(19)	Ø	03/07	CP
00610 G 0 0 RAW SEW/INFLUENT	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)	SAMPLE MEASUREMENT	3	5	(26)	******	0.1	0.2	(19)	Ø	03/07	CP
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	250 MO AVG	375 MX WK AV	LBS/DY	******	4 MO AVG	6 MX WK AV	MG/L		THREE/WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	2.3	2.7	(26)	******	0.1	0.1	(19)	Ø	03/07	CP
00665 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	63 MO AVG	94 MX WK AV	LBS/DY	******	1.0 MO AVG	1.5 MX WK AV	MG/L		THREE/WEEK	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
H.J. Schardein 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.	Kent D. Rice	502 540-6000	08	10	24
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)*

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
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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	09	01	TO	08	09	30

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

JEFFE

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	3.61	3.93	(03)	*******	*******	*******		Ø	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	4	(13)	Ø	03/07	CP
	PERMIT REQUIREMENT	*******	****** ****	****	*******	200 30DA GEO	400 #/ 7 DA GEO	100ML		THREE/WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C 80082 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	4307	5050	(26)	*******	145	172	(19)	Ø	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	88	97	(26)	*******	3	3	(19)	Ø	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 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		98	*******	*******	(23)	Ø	01/30	CA
	PERMIT REQUIREMENT	*******	****** ****	****	85 MO MIN	*******	******	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		99	*******	*******	(23)	Ø	01/30	CA
	PERMIT REQUIREMENT	*******	****** ****	****	85 MO MIN	*******	******	PER-CENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein
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.

Kevin D. Rice
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 502 NUMBER 540-6000

DATE: YEAR 08 MO 10 DAY 24

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

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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	08	07	01	TO	08	09	30

MAJOR
(SUBR LV)
F - FINAL JEFFE
METALS/BIOMONITORING/QUARTERLY
EFFLUENT
*** NO DISCHARGE | | ***
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
HARDNESS, TOTAL (AS CACO3)	SAMPLE MEASUREMENT	******	******		******	260	260	(19)	0	1/91	COMP
00900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM, DISSOLVED (AS CD)	SAMPLE MEASUREMENT	******	******		******	0.0001	0.0001	(19)	0	1/91	COMP
01025 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER, DISSOLVED (AS CU)	SAMPLE MEASUREMENT	******	******		******	0.007	0.007	(19)	0	1/91	COMP
01040 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD, DISSOLVED (AS PB)	SAMPLE MEASUREMENT	******	******		******	<0.005	<0.005	(19)	0	1/91	COMP
01049 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC, DISSOLVED (AS ZN)	SAMPLE MEASUREMENT	******	******		******	0.0378	0.0378	(19)	0	1/91	COMP
01090 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	0.0378	0.0378	(19)	0	1/91	COMP
01094 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	0.0001	0.0001	(19)	6	1/91	COMP
01113 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCHARDEIN JR.
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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James E. Porter Jr.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE			DATE		
AREA CODE	NUMBER		YEAR	MO	DAY
502	540-6000		08	10	23

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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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	08	07	01	TO	08	09	30

MAJOR
(SUBR LV)
F - FINAL JEFFE
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	1/91	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	******	******		******	0.007	0.007	(19)	0	1/91	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS 51406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	< 1.00	(2G)	0	1/91	COMP
	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.0 DAILY MX	CHRONC TOXCTY		QTRLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHARDEIN JR.
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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James E. Barbee
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

AREA CODE	NUMBER
502	540-6000

DATE

YEAR	MO	DAY
08	10	23

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

NAME OF TREATMENT PLANT CEDAR CREEK WTP COUNTY JEFFERSON MONTH OF: September 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	3.91											147		2	106		3	1588		500	5			290	280							0.06	3
2	3.51			6.9	7.2					8.2		239		2	154		3	1630	8340	600	4.8	3330	2300	300	290							0.06	3
3	3.90			7.0	7.0					8.0		162		2	125		3	1575		400	4.8			300	290							0.06	7
4	3.89	3	3	6.8	7.0					8.2								1672	6500	450	5	3035	2145	300	280								
5	4.00																	1640	6210	500	4.6	3045	2225	300	280								
6	4.15																	1640		430				300	290								
7	4.15											233		2	236		3	1720		450				300	280							0.06	3
8	3.61			6.9	7.1					8.2		170		2	101		3	1620	5690	490	4.8	2875	2120	300	280							0.06	3
9	2.57			7.0	6.9					8.4		142		2	116		3	1540	6060	430	5.2	2920	2235	300	290							0.06	3
10	3.86			7.0	7.1					8.2								1772	6810	400	4.8	3195	2350	280	250								
11	3.76	3	3															1772	4830	420	4.6	2825	1940	260	250								
12	3.62																	1733	5350	400	4.6	2635	2040	260	260								
13	3.81																	1596		415				260	250								
14	3.57											158		2	97		3	1462		402				260	260							0.06	3
15	3.41			7.0	6.9					8.5		183		2	136		3		4710	400	4.8	2850	2090	290	250							0.06	3
16	3.43			6.9	6.9					8.3		205		2	237		3	1276	4920	400	4.8	2805	2055	300	260							0.06	3
17	3.34			7.0	7.0					8.2								1587	5130	520	4.4	3210	2280	300	280								
18	3.45	3	3															1578	4860	500	4.2	3170	2160	310	280								
19	3.25																	1393	5440	640	4.2	3295	2360										
20	3.66																	1626		480				310	290								
21	3.42											241		2	142		3	1526		600				310	300							0.39	3
22	3.48			6.9	7.0					8.1		156		2	139		3	1373	5940	555	4	3420	2870	310	290							0.06	3
23	3.36			7.0	6.8					7.8		155		2	155		3	1537	6210	520	4.2	3180	2465	300	280							0.45	3
24	3.38			6.9	6.9					8.2								1639	5810	480	5	3200	2500	310	300								
25	3.46	3	3															1643	5670	500	4.6	3095	2370	310	300								
26	3.52																	1660	5480	500	4.8	3060	2310	310	300								
27	3.61																	1672		600				300	300								
28	3.81																	1604		450				310	300								
29	3.40																	1660	5150	500	5.4	3130	2235	300	300								
30	4.01																	1599	5260	450	2.8	3085	2215	300	300								
31																																	
Tot.	#####	12	12															46333															
Avg.	3.61	3	3	6.9	7.0					8.2		183		2	145		3	1598	5719	479.4	4.609	3068	2263	295.9	281.4							0.12	3

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

34381	25739	26177
FLOW	CBOD	TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE