



MSD

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

July 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
June 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 June 2008. Also attached are the Discharge Reports for June 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 0608.doc

Enclosures

cc: K. Thurman (KDOW)
T. Singleton
R. Shaw



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

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

NAME MSO CEDAR CREEK STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSO CEDAR CREEK STP
LOCATION LOUISVILLE KY
ATTN DENNIS THOMASSON, SR METRO OPS

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

KY00098540	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR (SUDBR LV)
F - FINAL JEFFE
NEW EXPANSION
EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	00	01		00	00	00

*** 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			
OXYGEN, DISSOLVED (DO)		*****	*****		8.1	*****	*****	(19)		3/7	3000
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7.0	*****	*****	MG/L		FREE/GRAB	
EFFLUENT GROSS VALUE					INST MIN					WEEK	
PH		*****	*****		6.9	*****	7.4	(12)		3/7	3000
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	5.0	*****	9.0	MG/L		FREE/GRAB	
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM	SU		WEEK	
SOLIDS, TOTAL SUSPENDED		5274	8178	(26)	*****	199	225	(19)		3/7	3000
00500 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		FREE/COMPOS	
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV			WEEK	
SOLIDS, TOTAL SUSPENDED		51.90	59.16	(26)	*****	2.00	2.00	(19)		3/7	3000
00500 1 0 0	PERMIT REQUIREMENT	1876	2815		*****	30	45	MG/L		FREE/COMPOS	
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV			WEEK	
NITROGEN, AMMONIA TOTAL (AS N)		452.87	556.51	(26)	*****	17.2	21.4	(19)		3/7	3000
00610 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT	MG/L		FREE/COMPOS	
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV			WEEK	
NITROGEN, AMMONIA TOTAL (AS N)		21.00	48.71	(26)	*****	0.69	1.50	(19)		3/7	3000
00610 1 1 0	PERMIT REQUIREMENT	250	375		*****	4	6	MG/L		FREE/COMPOS	
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV			WEEK	
PHOSPHORUS, TOTAL (AS P)		3.00	7.78	(26)	*****	0.12	0.28	(19)		3/7	3000
00660 1 1 0	PERMIT REQUIREMENT	63	94		*****	1.0	1.5	MG/L		FREE/COMPOS	
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV			WEEK	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.				TELEPHONE		DATE			
H.J. SCHROEDER JR. EXECUTIVE DIRECTOR						502 540-6000		08 07 22			
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)

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						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	08	01		08	08	30

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

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	SAMPLE MEASUREMENT	3.15	3.30	(03)	*****	*****	*****		0	9/1	9/1
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	
EFFLUENT GROSS VALUE		NO AVG	DAILY MX	MGD				****			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	5.00	13.00	(13)	0	3/7	3/7
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		THREE/COMPOS	
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML		WEEK	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	2867	4209	(26)	*****	108	155	(19)	0	3/7	3/7
80082 0 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			THREE/COMPOS	
RAW SEW/INFLUENT		NO AVG	MX WK AV	LBS/DY		NO AVG	MX WK AV	MG/L		WEEK	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	77.85	87.24	(26)	*****	3.00	3.00	(19)	0	3/7	3/7
80082 1 0 0	PERMIT REQUIREMENT	625	938		*****	10	15			THREE/COMPOS	
EFFLUENT GROSS VALUE		NO AVG	MX WK AV	LBS/DY		NO AVG	MX WK AV	MG/L		WEEK	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		93.5	*****	*****	(23)	0	1/20	1/20
80091 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-		ONCE/ CALCD	
PERCENT REMOVAL				****	NO MIN			CENT		MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		97.8	*****	*****	(23)	0	1/20	1/20
81011 K 0 0	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-		ONCE/ CALCD	
PERCENT REMOVAL				****	NO MIN			CENT		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE	DATE	
H. J. SCHROEDIN JR. EXECUTIVE DIRECTOR TYPED OR PRINTED				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		502540-6000	07 28	
AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME OF TREATMENT PLANT CEDAR CREEK WTP

COUNTY JEFFERSON

MONTH OF: June 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	GAL/DAY X 1000	MLSS X 1000	GAL/DAY X 1000	WASTED	DISSOLVED 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)
																									30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000		
1	3.40											147		2	120		3	6358		600		4.4			360	310							0.06	3
2	3.16			6.9	7.1	12.0				9.2		139		2	73		3	3304	5650	625	4.8	3815	2775	350	300							0.06	3	
3	3.90			7.0	7.0	10.0				9.0		91		2	62		3	3268	7590	645	4.9	3543	2710	340	300							4.40	975	
4	3.98			7.0	7.0	12.0				9.2								3210	6020	615	4.8	3415	2335	340	310									
5	2.70	3	3															3276	5280	675	1.9	3710	2575	350	300									
6	2.88																	3262	4240	645	1.8	2985	2530	340	300								3	
7	3.07																	3270		610	2.82			320	300									
8	3.75											459		2	212		3	3097		580	3			310	300							1.90	3	
9	2.97			7.0	7.0	14.0				8.4		302		2	168		3	2608	6070	700	2.6	3510	2470	370	310							1.50	3	
10	2.59			6.9	6.9	12.0				8.8		125		2	85		3	3171	5810	570	2.8	3285	2365	340	300							0.06	3	
11	2.97			7.0	7.1	14.0				8.2								3402	5120	450	1.8	3700	2665	350	310									
12	2.56	3	3															2397	5280	600		3555	2560	350	300									
13	2.91																	1619	5990	510	1.8	3015	2415	340	300									
14	3.27																	1464		523	2.3			360	310									
15	3.85											160		2	100		3	1438		544	2.4			370	310							0.06	3	
16	2.19			7.0	7.0	12.0				8.2		192		2	82		3	1440	5870	600	2.6	3630	2475	380	350							0.06	3	
17	2.74			7.0	7.0	10.0				8.8		136		2	79		3	1332	5260	550	5.4	3395	2435	380	330							0.06	3	
18	3.87			7.0	7.1	10.0				8.8								1460	7830	500	5.6	3275	2335	340	300									
19	2.72	3	3															1457	6630	527		3660	2665	340	300									
20	3.38																	1490	8740	535	5.8	3580	2560	330	300									
21	3.23																	1440		502	5.2			340	310									
22	3.35											330		2	148		3	1399		500	5.9			350	310							0.06	3	
23	2.76			7.1	7.2	14.0				8.8		98		2	46		3	1416	6940	470	5.6	3625		350	300							0.06	3	
24	2.68			6.8	7.1	10.0				9.2		212		2	122		3	1421	7750	450	5.8	3135	2270	350	280							0.06	3	
25	2.60			6.9	7.0	14.0				8.6								1548	7510	500	5.4	3165	2215	340	290									
26	3.87	3	3															1486	7610	465	5.8	3215	2300	350	290									
27	2.88																	1471	7540	531	5.8	4090	3030	280	260									
28	3.42																	1473		554				250	240									
29	3.60																	1438		483				250	250									
30	3.24																	1414	4640	450	5.4	2820	2165	300	280									
31																																		
Tot.	94.49	12	12															66829																
Avg.	3.15	3	3	7.0	7.0	12.0				8.8		199		2	108		3	2228	6256	550.3	4.093	3434	2493	337.3	298.3							0.69	5	

RESIDENTIAL
COMMERCIAL
INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

29997

16701

24924

FLOW

CBOD

TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

0

SEWER CONNECTIONS

0

X

4

=

0

SEWERED POPULATION

PLANT TELEPHONE



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Initiated Jun 01, 2008 12:00 AM thru Jun 30, 2008 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0098540	Facility ID MSD0289	Treatment Plant Name CEDAR CREEK	Receiving Stream of Treatment Plant CEDAR CREEK	Region CENT
Facility Type SMH Sewer Manhole	Facility ID 28671	Facility Address 5508 OAK CREEK LN	If Pump Station, Name of Pump Station: 	Receiving Stream CEDAR CREEK
				Discharge to GROUND
<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 796239	<u>Initiated</u> 06/19/08 05:55 PM	<u>Initiated By</u> KIMBROUGH	<u>Assigned To</u> KIMBROUGH
			<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 06/19/08
			<u>Problem</u> ROOTS	<u>Result</u> DISCHARGE TO WATERS OF THE US
				<u>Completed</u> 06/19/08 07:35 PM

Spot Inspections:

Discharge Amount: 45 GAL
Cause: ROOTS IN MAIN SEWER
Clean Up: MSD PERSONNEL CLEANED AND SANITIZED THE AREA
Control Zone: PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA
Impact: SEWAGE/WATER DISCHARGING FROM MANHOLE
Repair: WORK ORDER 796361 - ROOT CUT THE MAIN SEWER

Notifications:

06/19/08 07:35 PM ADVISED CUSTOMER ON SITE
06/19/08 12:58 PM Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov