



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

July 23, 2009

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort, Kentucky 40601

RE: Cedar Creek Treatment Plant, KPDES No: KY0098540
Discharge Monitoring Report-June 2009

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Cedar Creek Wastewater Treatment Plant, KPDES No.: KY0098540 for the month of June 2009.

Also attached is the Quarterly Biomonitoring Discharge Monitoring Report(DMR).

If you have any questions concerning the attached DMR's, please contact me at (502) 239-7574.

Sincerely,


Duane V. Wright
Process Supervisor Central Region

DVW/Cedar Creek 0609.doc

Enclosures

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



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

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

000078540
PERMIT NUMBER

001 2
DISCHARGE NUMBER

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	02	01		07	02	00

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	PERMIT REQUIREMENT	*****	*****	*****	8.5	*****	*****	MG/L	0	03/17	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		FREE WEEK	
PH 00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.8	*****	7.1	BU	0	03/17	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU		FREE WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	PERMIT REQUIREMENT	5198	6142	(26)	*****	133	155	MG/L	0	03/17	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	PERMIT REQUIREMENT	78	119	(25)	*****	2	2	MG/L	0	03/17	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1876 MO AVG	2015 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		FREE WEEK	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	PERMIT REQUIREMENT	586	637	(26)	*****	16.1	21.0	MG/L	0	03/17	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE WEEK	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0	PERMIT REQUIREMENT	2	3	(26)	*****	0.1	0.1	MG/L	0	03/17	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	250 MO AVG	375 MX WK AV	LBS/DY	*****	4 MO AVG	6 MX WK AV	MG/L		FREE WEEK	
PHOSPHORUS, TOTAL (AS P) 00665 1 1 0	PERMIT REQUIREMENT	3	5	(26)	*****	0.1	0.1	MG/L	0	03/17	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	63 MO AVG	74 MX WK AV	LBS/DY	*****	1.0 MO AVG	1.5 MX WK AV	MG/L		FREE WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.S. 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
Dennis Thomasson, Sr.

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540 6000	07	03	24

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)

PERMIT NUMBER KY0098540
 DISCHARGE NUMBER 0012

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	01

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	4.97	6.08 DVW	8.97	(03)	*****	*****	*****		0	CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MOD	*****	*****	*****	***		CONTINUOUS	CONTINUOUS
COLIFORM, FECAL GENERAL	4			(16)	*****	4	4		0	03/07	CP
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	100ML		FREE/PURPOSE	FREE/PURPOSE
300 3000 GEB						3000 GEB	7 DA GEB				
BOD, CARBONACEOUS 5 DAY, 20C	2903	3518		(25)	*****	75	87	(17)	0	03/07	CP
50082 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/PURPOSE	FREE/PURPOSE
BOD, CARBONACEOUS 5 DAY, 20C	122	179		(28)	*****	3	3	(17)	0	03/07	CP
50082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	10	15	MG/L		FREE/PURPOSE	FREE/PURPOSE
BOD, CARBONACEOUS 5 DAY, 20C				(25)	*****	96		(25)	0	01/30	CA
50091 1 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	*****	MD MIN	*****	PERCENT		UNCE/PURPOSE	UNCE/PURPOSE
SOLIDS, SUSPENDED PERCENT REMOVAL				(25)	*****	99		(25)	0	01/30	CA
51011 1 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	*****	MD MIN	*****	PERCENT		UNCE/PURPOSE	UNCE/PURPOSE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. SCHARDIN, 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>H. J. Schardin, Jr.</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			512	546-6200	09	07	24

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

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

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

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

AY0098540 PERMIT NUMBER
0017 DISCHARGE NUMBER

MAJOR (SUBR LV)
7 - FINAL JEFFE
METALS/BIDMONITORING/QUARTERLY
EFFLUENT
*** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	05

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			
HARDNESS, TOTAL (AS CaCO3) 00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	253	253	(17)	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	UNPLS
				***		MG AVG	DAILY MX	MG/L			
CADMIUM, DISSOLVED (AS Cd) 01025 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.0001	<0.0001	(17)	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	UNPLS
				***		MG AVG	DAILY MX	MG/L			
COPPER, DISSOLVED (AS Cu) 01040 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.002	<0.002	(17)	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	UNPLS
				***		MG AVG	DAILY MX	MG/L			
LEAD, DISSOLVED (AS Pb) 01049 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.004	<0.004	(17)	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	UNPLS
				***		MG AVG	DAILY MX	MG/L			
ZINC, DISSOLVED (AS Zn) 01090 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0353	0.0353	(17)	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	UNPLS
				***		MG AVG	DAILY MX	MG/L			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0353	0.0353	(17)	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	UNPLS
				***		MG AVG	DAILY MX	MG/L			
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.0001	<0.0001	(17)	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			WEEKLY	UNPLS
				***		MG AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. SHARDEINER 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>Dennis Thomasson, Sr.</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			502	540 6000	19	07	24

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

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

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

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

WY0098540 PERMIT NUMBER
 0017 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL JEFFE
 METALS/BIDMONITORING/QUARTERLY EFFLUENT
 *** NO DISCHARGE 1-1 ***

Form Approved, OMB No. 2040-0004

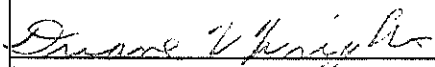
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01		07	04	30

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.004	21.004	197	0	0/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L			PURPOSE
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.002	20.002	197	0	0/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L			PURPOSE
TOXICITY, FINAL CONC TOXICITY UNITS 81406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.0	120	0	0/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.0 CHRONIC DAILY MX TOXCTY				PURPOSE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHWARZBEIN, SR.
 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


TELEPHONE DATE
 562 540-1000 09 07 04
 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 2009

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 X1000	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			MITHRAWN GALLONS X 1000	
1	3.46										148	2	92	3	1430	5010	610	2.9	3210	2515	480	390										0.06	4		
2	3.82			6.8	7.0	16.0					170	2	82	3	1828	4410	410	3.2	2505	1975	480	350										0.06	4		
3	3.46			6.9	7.1	10.0					113	2	80	3	1903	4720	520	3.2	2595	2060	450	350										0.06	4		
4	4.46	3	3	6.9	7.0	10.0						9.4			1863	4050	470	3.6	2685	2160	420	320													
5	4.46														1802	4610	420	3.8	2350	1795	480	380													
6	4.05														1950		500				460	420													
7	3.91														1749		475				470	400													
8	3.67										227	2	144	3	1797	4920	540	3	3000	2455	450	380										0.06	4		
9	3.42			6.9	7.0	8.0					154	2	70	3	1928	5060	440	0	2950	2290	400	350										0.06	4		
10	4.40			7.0	6.9	12.0					83	2	47	3	1833	4890	540	2.6	2815	2200	430	340										0.06	4		
11	5.78	3	3	7.0	7.0	10.0						9.0			1966	5290	450	2.4	2110	1590	420	400													
12	5.46														1946	8980	460	2.6	1945	1650	320	300													
13	5.12														3534		508				500	400													
14	4.81														3140		460				460	350													
15	4.56										146	2	94	3	3307	5900	440	3.4	2920	2350	460	340										0.06	4		
16	5.06			6.9	7.0	8.0					136	2	48	3	3679	5480	450	3.4	2865		450	320										0.06	4		
17	4.95			7.0	6.9	14.0					129	1	72	3	3646	3880	480	3.6	2820	2275	420	350										0.06	4		
18	6.17	3	3	7.1	7.1	10.0						9.2			4271	4480	450	3.2	2780	2235	450	320													
19	4.61														4670		500	3			430	280													
20	5.97														4638		484				390	280													
21	5.37														4630		496				400	300													
22	8.97										138	2	77	3		3940	460	3	2405	2065	450	250										0.06	4		
23	7.06			7.0	7.0	12.0					72	2	32	3	4284	4120	600	2.8	3880	3005	400	390										0.06	4		
24	5.45			6.8	6.9	8.0					85	2	64	3	3562	4720	600	3.2	3285	2810	460	360										0.06	4		
25	4.14	3	3	6.9	6.8	8.0						8.5			2357	4940	540	3.4	3015	2695	440	320													
26	6.34														2357		540	3.6			400	330													
27	5.68														2943		510				400	340													
28	4.95														2723		500				420	320													
29	4.64														1924	2710	500	3.4	2855	2355	410	340													
30	4.92														1924	4640	500	1.8	2683	2300	400	330													
31																																			
Tot.	149.12	12	12												78584																				
Avg.	4.97	3	3	6.9	7.0	10.5					8.9	133	2	75	3	2744.3	4838	495.1	2.959	2779	2252	433.3	343									0.06	4		

RESIDENTIAL
CDMMERCIAL
INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

47340 18330 26337

FLOW CBOD TSS

Joseph Smith

OPERATOR

17987

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

0

SEWER CONNECTIONS

0

X

4

=

0

SEWERED POPULATION

(502) 540-6000

PLANT TELEPHONE