



MSD

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

February 25, 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
January 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 January 2009. Also enclosed is a Discharge Report.

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

KDR/Cedar Creek 0109.doc

Enclosures

cc: C. Roth (DOW Louisville)
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
2475 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSO CEDAR CREEK STP
LOCATION LOUISVILLE KY
ATTN: DENNIS THOMASSEN SR METRO OPS

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

KY0098540
PERMIT NUMBER
001 2
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL
NEW EXPANSION
EFFLUENT

DATE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	31

*** 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)		*****	*****		9	*****	*****	(19)		03/07	CR
00300 : 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***P ****	7.0 INST MIN	*****	*****	MG/L		FREE/ WEEK	GRAB
00400 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.4	(18)		03/07	CR
00400 : 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	5.0 MINIMUM	*****	9.0 MAXIMUM	50		FREE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED RAW SEW/INFLUENT	SAMPLE MEASUREMENT	5519	7106	(26)	*****	116	173	(19)		03/07	CR
00500 : 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MO/L		FREE/ WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	174	287	(26)	*****	3	5	(19)		03/07	CR
00600 : 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1878 MO AVG	2815 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MO/L		FREE/ WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) RAW SEW/INFLUENT	SAMPLE MEASUREMENT	640	804	(26)	*****	14	17	(19)		03/07	CR
00610 : 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MO/L		FREE/ WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	14	39	(26)	*****	0.3	0.9	(19)		03/07	CR
00610 : 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	625 MO AVG	938 MX WK AV	LBS/DY	*****	10 MO AVG	15 MX WK AV	MO/L		FREE/ WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	34	45	(26)	*****	0.7	0.9	(19)		03/07	CR
00660 : 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125 MO AVG	188 MX WK AV	LBS/DY	*****	2.0 MO AVG	3.0 MX WK AV	MO/L		FREE/ WEEK	COMPOS
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. Schardin, Jr. Exec Director TYPED OR PRINTED						502 546 6000		9	7	25	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME NSD CEDAR CREEK STP
ADDRESS C/O CEDAR CREEK STP
3401 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY NSD CEDAR CREEK STP
LOCATION LOUISVILLE KY
ATTN: DENNIS THOMASSON, SR. METRO DPE

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

PERMIT NUMBER KY00986402
DISCHARGE NUMBER 0012

MAJOR (SUBR V)
F - FINAL

NEW EXPANSION
EFFLUENT /

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

Table with columns: PARAMETER, QUANTITY OR LOADING (AVERAGE, MAXIMUM, UNITS), QUALITY OR CONCENTRATION (MINIMUM, AVERAGE, MAXIMUM, UNITS), NO. EX, FREQUENCY OF ANALYSIS, SAMPLE TYPE. Rows include parameters like FLOW IN CONDUIT OR THRU TREATMENT PLANT, COLIFORM, GENERAL, COD, CARBONATEOUS, 5 DAY, 20C, RAW SEW/INFLUENT, BOD, CARBONATEOUS, 5 DAY, 20C, DEO, CARB-F 5 DAY 20 DEG C, PERCENT REMOVAL, SOLIDS, SUSPENDED, PERCENT REMOVAL.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: H.J. Schwabe, Jr., Exec. Director
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision...
TELEPHONE: 502 546-6000
DATE: 9 2 25

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

NAME OF TREATMENT PLANT CEDAR CREEK WTP

COUNTY JEFFERSON

MONTH OF: January 2009

KPDES PERMIT NUMBER KY0088540

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		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)		
																		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
1	5.72	3	3								95		2	31		3	3937		450	4.9			390	280						0.06	3		
2	5.95			7.2	7.1				9.4								3755	4990	425	4.4	2900	2350	380	280									
3	4.71																3571		462				420	320									
4	5.69										161		3	101		3	3722		508				450	360						0.78	3		
5	5.23			7.1	7.0				9.2								3660	540	450	4.6	2970	2345	450	320									
6	6.14										88		3	47		3	370	5310	540	4.4	2900	2285	450	340						0.06	3		
7	8.01			7.1	7.0				8.8								3705	6300	460	3.6	3120	2475	400	350									
8	6.82	3	3								72		2	59		3	3830	5810	450		3180	2535	410	350						0.06	3		
9	6.28			7.1	7.1				9.4								3860	5780	500	5.2	2640		450	340									
10	5.38																3780	3785	425				460	360									
11	7.79										130		10	60		5	3589	3573	440				450	350						0.06	3		
12	6.39			7.2	7.2				9.0								3217	5300	450	3.9	2885	2315	400	320									
13	5.79										82		2				3370	6270	500	4.2	3220	2790	550	360						0.06	3		
14	5.42			7.1	7.1				9.0								3565	5820	560	3.8	3335	3085	600	420									
15	5.62	3	3								72		2	69		3	3509	5920	522	3.9	3250	2590	550	400						0.06	3		
16	5.44			7.2	7.2				9.6								3701	5170	486	3.8	3240	2565	650	480									
17	5.14																3680		589	4			650	430									
18	5.43										70		2	69		3	3555		470				600	440						0.06	3		
19	5.03			7.1	7.4				9.2								3512	5850	502	3.8	3110	2490	550	410									
20	5.92										104		5	77		3	3564	5350	510	8.6	3350	2635	640	460						0.06	3		
21	5.51			7.0	7.2				9.2								2522		510	5.8			580										
22	4.71	3	3								60		2	69		3	1745	7620	530	5.8	3075	2480	540	350						0.06	3		
23	4.58			7.0	7.2				9.6								1740	6330	525	5.3	2790	2500	580	380									
24	4.95																1738		510	5.1			500	400									
25	5.00										376		2	266		3	1609		500	5			490	400						1.40	3		
26	4.80			7.0	7.1				9.4								1374	6040	460	4.3	2945	2380	640	400									
27	4.80										82		6	100		4	1721	6140	450		2890	2280	550	400						1.30			
28	14.12			6.9	7.1				9.6								1725	8890	450	5.8	1880	1720	510	380									
29	10.62	3	3														2719	6250	440	4.9	2110	1780	380	300							3		
30	8.44																3742	6130	425	4.8	2385	1955	480	360									
31	7.74																3810		400				460	340									
Tot.	193.17	15	15														93697																
Avg.	6.23	3	3	7.1	7.1				9.3		116		3	86		3	3022	5599	480.6	4.778	2909	2398	503.5	369.3							0.33	3	

RESIDENTIAL
COMMERCIAL
INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

59346
FLOW

26346
CBOD

28727
TSS

Joseph Shaun Smith
OPERATOR

17987
CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

502-239-7695

PLANT TELEPHONE



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 26151	Facility Address 8014 ZELMA FIELDS AVE	If Pump Station, Name of Pump Station:	Receiving Stream LITTLE CEDAR CREEK	Discharge to GROUND

<u>Activity Code / Description</u>	<u>WQ #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	868309	01/30/09 12:01 AM	ELDER	TUTTLE	DOCUMENTED	01/30/09	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHARGE - WATERS	01/30/09 01:30 AM	

Spot Inspections:

Discharge Amount:	10,200 GAL
Cause:	LOSS OF LG&E POWER DUE TO ICE STORM
Clean Up:	NO DEBRIS; CLEAR EFFLUENT
Control Zone:	SET FLAGS AROUND AFFECTED AREA. ADVISED PROPERTY OWNER TO AVOID CONTACT
Impact:	CLEAR EFFLUENT, NO DEBRIS
Repair:	HOOKED TO GENERATOR & HAULING SAP HAUL #5204489

Notifications:

01/30/09 07:00 AM	DISPUB	Set flags around affected area, & Advised property owner to avoid contact.
01/30/09 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov