



MSD

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

April 17, 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
March 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 March 2009. Also included is the 1st quarter Bio-monitoring DMR.

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 0309.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
 8405 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)

KY00092540
 PERMIT NUMBER
 001 2
 DISCHARGE NUMBER

MAJOR
 (SUBP LV)
 F - FINAL
 NEW EXPANSION
 EFFLUENT

Form Approved
 OMB No. 2040-0004

JEFFI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	01

*** 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)	*****	*****			8.8	*****	*****	(19)		03/07	CR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7.0	*****	*****			THREE/GRAB	
PH	*****	*****			6.8	*****	*****	(12)		03/07	CR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	MINIMUM MAXIMUM		THREE/GRAB	
SOLIDS, TOTAL SUSPENDED	*****	*****	(26)		*****	*****	*****	(19)		03/07	CP
00550 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		THREE/COMPOS	
SOLIDS, TOTAL SUSPENDED	*****	*****	(26)		*****	*****	*****	(19)		03/07	CP
00550 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1876 MD AVG	2815 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		THREE/COMPOS	
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	(26)		*****	*****	*****	(19)		03/07	CP
00610 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		THREE/COMPOS	
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	(26)		*****	*****	*****	(17)		03/07	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	625 MD AVG	928 MX WK AV	LBS/DY	*****	10 MD AVG	15 MX WK AV	MG/L		THREE/COMPOS	
PHOSPHORUS, TOTAL (AS P)	*****	*****	(26)		*****	*****	*****	(17)		03/07	CP
00665 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125 MD AVG	188 MX WK AV	LBS/DY	*****	2.0 MD AVG	3.0 MX WK AV	MG/L		THREE/COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. S. Schardein, Jr.
 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 H. S. Schardein, Jr.

TELEPHONE
 DATE
 AREA CODE NUMBER YEAR MO DAY
 502 546-1000 9 4 17

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

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

KY0098540
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL
NEW EXPANSION
EFFLUENT

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	04	07	03	04

FROM

TO

*** NO DISCHARGE 1-1 ***

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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	5.56	7.96	(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	MD AVG	DAILY MX	MGD	*****	*****	*****	****		CN	CN
EFFLUENT GROSS VALUE										CONTIN	CONTIN
EFFLUENT GROSS VALUE										UDUS	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	4	4	(03)		03/07	CP
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/ 100ML		THREE/	COMPOS
EFFLUENT GROSS VALUE						30DA GEO	7 DA GEO			WEEK	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	3176	4590	(26)	*****	65	77	(19)		03/07	CP
80062 9 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	REPORT	REPORT			THREE/	COMPOS
RAW SEW/INFLUENT		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	144	179	(26)	*****	3	3	(19)		03/07	CP
80062 1 0 0	PERMIT REQUIREMENT	625	738		*****	10	15			THREE/	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		95	*****	*****	(23)		01/30	CA
80091 4 0 0	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-		UNCE/	CALCUL
PERCENT REMOVAL				****	MD MIN			CENT		MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		98	*****	*****	(23)		01/30	CA
81011 4 0 0	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-		UNCE/	CALCUL
PERCENT REMOVAL				****	MD MIN			CENT		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardain
Exec. Director
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Kent D. Pres

TELEPHONE 552 540-6000
DATE 9 4 17
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 070 CEDAR CREEK STP
 8005 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD CEDAR CREEK STP
 LOCATION LOUISVILLE KY
 ATTN DENNIS THOMASSEN, SR METRO DPS

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

Form Approved
 OMB No. 2040-0004

XY00098540
 PERMIT NUMBER

001 Y
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL
 METAL BASIS/ MONTHLY/ QUARTERLY/ EFFLUENT
 *** NO DISCHARGE ***
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	01	01		07	09	01

PARAMETER	X	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 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	266	266	(17)		0 ¹ /90	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			DAILY	COMPOS
CADMIUM DISSOLVED (AS Cd) 01023 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.0001	<0.0001	(17)		0 ¹ /90	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			DAILY	COMPOS
COPPER, DISSOLVED (AS Cu) 01040 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.002	<0.002	(17)		0 ¹ /90	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			DAILY	COMPOS
LEAD DISSOLVED (AS Pb) 01047 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.004	<0.004	(17)		0 ¹ /90	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			DAILY	COMPOS
ZINC, DISSOLVED (AS Zn) 01090 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0347	0.0347	(17)		0 ¹ /90	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			DAILY	COMPOS
ZINC TOTAL RECOVERABLE 01094 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0349	0.0349	(17)		0 ¹ /90	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			DAILY	COMPOS
CADMIUM TOTAL RECOVERABLE 01112 : 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.0001	<0.0001	(17)		0 ¹ /90	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			DAILY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. Schardein, Jr.
 Exec. Director
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Kenneth D. Rea

TELEPHONE DATE
 AREA CODE NUMBER YEAR MO DAY
 502 540-6000 9 4 17

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/D 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)

Form Approved.
 OMB No. 2040-0004

KYD0098540
 PERMIT NUMBER

001 Y
 DISCHARGE NUMBER

MAJOR (SUBR. LNK)
 F - FINAL
 METALS/SIGMONITORING/QUARTERLY
 EFFLUENT
 *** NO DISCHARGE ***
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	03	01

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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	*****	*****		*****	<0.004	<0.004	(17)		01/90	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			DIRLY	COMPO
COPPER TOTAL RECOVERABLE 01117 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.003	0.003	(17)		01/90	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			DIRLY	COMPO
TOXICITY, FINAL CONC TOXICITY UNITS 81906 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.0	(20)		01/90	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 CHRONC DAILY MX TOXCTY			DIRLY	COMPO
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. Schardain, Jr.
 Exec. Director
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Keith D. [Signature]

TELEPHONE 502-540-6000
 DATE 9 4 17
 AREA CODE NUMBER YEAR MO DAY

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

