MSD
Metropolitan Sewer District

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

November 17, 2009

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

RE: Cedar Creek WQTC, KPDES No: KY0098540
Discharge Monitoring Report-October 2009

Dear Ms. Bentley:

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

There were no exceedences, bypasses or overflow reports.

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 1009.doc

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME CEDAR CREEK WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY CEDAR CREEK WQTC MSD
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

KY0098540 PERMIT NUMBER
001 2 DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 09 MO 10 DAY 01 TO YEAR 09 MO 10 DAY 31

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	******	******		8.2	******	******	(19)	0	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)	0	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	3495	3978	(26)	******	77	95	(19)	0	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	106	122	(26)	******	2	3	(19)	0	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	545	628	(26)	******	11.8	13.6	(19)	0	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	5	10	(26)	******	0.1	0.2	(19)	0	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	6	6	(26)	******	0.1	0.1	(19)	0	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

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: AREA CODE 502 NUMBER 540 6000

DATE: YEAR 09 MO 11 DAY 18

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME CEDAR CREEK WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY CEDAR CREEK WQTC MSD
LOCATION LOUISVILLE KY
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0028540 PERMIT NUMBER
001 2 DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	10	01	TO	09	10	31

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

JEFFE

Form Approved.
OMB No. 2040-0004

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
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	6.70	14.40	(03)	******	******	******		0	CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	4	7	(13)	0	03/07	CP
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	200 30DA GEO	400 7 DA GEO	#/ 100ML		THREE/WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	1913	2127	(26)	******	41	43	(19)		03/07	CP
80082 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
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	129	181	(26)	******	3	3	(19)	0	03/07	CP
80082 1 0 0 EFFLUENT GROSS VALUE	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	SAMPLE MEASUREMENT	******	******		94	******	******	(23)	0	0/30	CA
80091 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	****** **** ****		85 MO MIN	******	******	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		97	******	******	(23)	0	0/30	CA
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	****** **** ****		85 MO MIN	******	******	PER-CENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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: AREA CODE 502, NUMBER 574 6000

DATE: YEAR 09, MO 11, DAY 18

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

NAME OF TREATMENT PLANT CEDAR CREEK WTP COUNTY JEFFERSON MONTH OF: October 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	
																		RETURN		WASTED				SETTLED SLUDGE VOLUME		RAW			HAULED				
		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	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) X 1000	30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
1	4.09	3	3									109		2	52		2		5530	500	3.4	3595	2745	350	300								
2	8.12			7.1	7.2	11.0				8.3									7790	500	3.6	3240	2515	350	300							0.39	4
3	7.16																			540	3.6			300	280								
4	5.67											108		2	44		2			580	3.3			300	280							0.06	4
5	5.40			6.9	7.1	10.0				8.4		69		2	30		2	1820	4270	500	3.4	2815	2165	300	290							0.06	4
6	5.57			7.0	7.0	8.0				8.4								1670	5010	470	3.2	2780	2135	290	270								
7	4.34																	1624	6190	580	3.4	2790	2190	300	270								
8	4.53	3	3									93		3	35		2	1490	5840	370	3.4	2660		290	270							0.06	43
9	14.40			6.9	7.0	11.0				8.6								1604	10770		3.8	1950	1520	200	190								
10	10.14																							250	230								
11	7.90											66		2	47		2			450	4.4			280	250							0.06	3
12	6.72			6.9	6.9	8.0				8.5		56		2	35		6	1911	5000	370	3.6	2605	2035	300	290							0.06	3
13	5.34			6.8	6.8	8.0				8.2								1829	4860	290	3.6	2685	2130	300	290								
14	7.79																		5040	310	3.2	2780	2210	290	270								
15	6.10	3	3									72		2	42		2	1927	6450	290	3.4	2620	2045	300	290							0.06	3
16	8.63			6.8	6.9	10.0				8.6								2014	6080	360	3.6	2710	2110	290	280								
17	6.10																			320				310	290								
18	5.46											76		2	43		6			430				350	300							0.06	3
19	6.33			6.9	7.0	9.0				8.4		47		2	33		2	1480	3460	480	3.6	2805	2150	350	300							0.06	3
20	4.52			6.8	6.9	9.0				8.4								1206	4280	360	3.2	2860	2200	340	300								
21	4.26																	1361	6530		3	2954	2305	350	310								
22	4.05	3	3									100		5	54		2	1494	6490	470	2.9	3175	2480	370	310							0.06	7
23	6.54			6.9	7.0	8.0				8.4									6990	490	2.8	2570	2060	340	280								
24	7.80																			400				330	260								
25	6.13											62		2	38		2	1683		395				320	280							0.50	3
26	5.71			6.9	7.0	8.0				8.6		60		2	37		2		5090	425	2.8	2670	2080	320	270							0.06	3
27	6.12			6.9	7.0	10.0				8.6									6650	450	2.6	3380	2680	400	320								
28	6.12																	2031	6280		3	3050	2485	360	320								
29	6.94	3	3															2871		410													
30	5.72																	3579	5210	410	3.2	2935	2365	340	310								
31	13.92																			420				320	290								
Tot.	207.62	15	15															31594															
Avg.	6.70	3	3	6.9	7.0	9.2				8.5		77		2	41		3	1858.5	5896	428.5	3.333	2839	2230	316.3	283							0.12	4

RESIDENTIAL

COMMERCIAL

INDUSTRIAL 0

INDUSTRIAL WASTE POPULATION EQUIVALENT

63785 FLOW 13417 CBOD 20348 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