MSD

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

November 26, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

RE: Floyds Fork Wastewater Treatment Plant, KPDES No: KY0102784
Discharge Monitoring Report for October 2007

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Floyds Fork Wastewater Treatment Plant, for the month of October 2007.

If you have any questions concerning the attached DMR's, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/ Floyds Fork 1007

Enclosures

cc: C. Roth (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD FLOYDS FORK STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
(SEE ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY (SEE FLOYDS FORK STP
LOCATION LOUISVILLE KY 40245
(SEE ALEX & MINOR FARM RDS

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

KY0102784	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR LV)
F -- FINAL
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE ( ) ***

JEFF

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

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			
OXYGEN, DISSOLVED (DO) (SEE EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT	*******	*******		7.2	*******	*******	(19)	0	3/7	Grab
	PERMIT REQUIREMENT	*******	******* *****	*****	7 INST MIN	*******	*******	MG/L		THREE/WEEK	GRAB
PH (SEE EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT	*******	*******		7.9	*******	8.3	(12)	0	3/7	Grab
	PERMIT REQUIREMENT	*******	******* *****	*****	6.0 MINIMUM	*******	9.0 MAXIMUM	SU		THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED (SEE RAW SEW/INFLUENT)	SAMPLE MEASUREMENT	2546	4047	(26)	*******	184	212	(19)	0	3/7	Comp
	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 (SEE EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT	50	127	(26)	*******	2.6	3	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	813 MO AVG	1220 MX WK AV	LBS/DY	*******	30 MO AVG	45 MX WK AV	MG/L		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) (SEE RAW SEW/INFLUENT)	SAMPLE MEASUREMENT	210	213	(26)	*******	17.6	21.9	(19)	0	3/7	Comp
	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) (SEE EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT	5.6	13.1	(26)	*******	0.33	0.39	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	54 MO AVG	81 MX WK AV	LBS/DY	*******	2 MO AVG	3 MX WK AV	MG/L		THREE/WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P) (SEE EFFLUENT GROSS VALUE)	SAMPLE MEASUREMENT	*******	*******		*******	1.0	0.51	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	*******	******* *****	*****	*******	1.0 MO AVG	1.5 MX WK AV	MG/L		THREE/WEEK	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec Director	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	AREA CODE 502	NUMBER 241 9073	YEAR 07	MO 11	DAY 26
W. J. Schneider							
TYPED OR PRINTED							

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD FLOYDS FORK PTP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
3529 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD FLOYDS FORK STP
LOCATION LOUISVILLE KY 40245
MR A J & B NOVAK, OPER MGR

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

KY0022764	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	10	01	TO	07	10	31

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
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	1.75	6.21	(03)	******	******	******		0	C/N	C/N
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
COLI-FORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	7	35	(13)	0	3/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	200 300A GEO	400 ** 2 DA GEO	/100ML		THREE/WEEK	GRAB
OXY, DEMAND,BIOCHEMICAL (05 DAY, 20C)	SAMPLE MEASUREMENT	1137	1195	(26)	******	94	127	(19)	0	3/7	Comp
80082 1 1 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
OXY, DEMAND,BIOCHEMICAL (05 DAY, 20C)	SAMPLE MEASUREMENT	35	81	(26)	******	2.0	2.0	(19)	0	3/7	Comp
80082 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	271 MO AVG	407 MX WK AV	LBS/DY	******	10 MO AVG	15 MX WK AV	MG/L		THREE/WEEK	COMPOS
OXY, DEMAND,BIOCHEMICAL (05 DAY, 20 DEG C) PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		96.6%	******	******	(22)	0	1/31	Calc
81010 1 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	****** **** ****		85 MO MIN	******	******	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		98.2	******	******	(22)	0	1/31	Calc
81011 1 A 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	****** **** ****		85 MO MIN	******	******	PER-CENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec Director W J Schaden	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	AREA CODE 502	NUMBER 261-9693	YEAR 07	MO 11	DAY 26
TYPED OR PRINTED							

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

NAME OF TREATMENT PLANT FLOYDS FORK COUNTY JEFFERSON MONTH OF: October 2007

KPDES PERMIT NUMBER KY0102784 PLANT CAPACITY 3.5 MGD RECEIVING STREAM FLOYDS FORK

		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					
DATE	TOTAL FLOW (MILLION GALLONS)	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	PHOSPHORUS, TOTAL (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
1	1.227			7.1								328		3	183		2	1.986	4.84	4100	3	3.07	2.23	250							69.3	0.65	0.45	3
2	1.295			7.3	8.2					8.1		87		3	89		2	2.012	4.27	40000	3.2	3.49	2.4	230							31.5	0.62	0.28	3
3	1.024			7.2	8.2					7.3		195		3	88		2	1.675	5.85	3700	2.3	3.55	2.17	240							75.6	0.58	0.45	3
4	1.098			7.1	8.1					7.2								1.71	5.19	3200	3	3.15	2.47	220				0.092			56.7			
5	1.301			7.1														1.595	5.59	3100	3.2	3.33	2.27	210							44.1			
6	1.110											238			149			1.617													12.6			
7	1.138																	1.51													6.3			
8	1.165			7.5								193		3	102		2	1.567	4.89	4100	2.9	3.42	2.37	210							31.5	0.68	0.62	3
9	1.114			7.4	8.3					7.2		214		2	118		2	1.416	6.07	3300	2.2	3.4	2.32	210							88.2	0.70	0.10	3
10	1.095			7.5	8.4					7.8		204		3	107		2	1.517	5.98	3000	2.2	3.38	2.32	210							50.4	0.70	0.10	3
11	1.218			7.4	8.4					8.1								1.417	6.3	3000	2.1	3.38	2.34	200				0.09			25.2			
12	1.143			7.4														1.449	6.17		3.8	3.22	2.23	210							31.5			
13	0.993																	1.717													63			
14	1.244																	1.45													113.4			
15	1.181			7.6								220		2	124		2	1.644	5.24	4400	3.5	3.64	2.47	250								0.70	0.34	1850
16	1.247			7.5	8.3					7.6				2			2	1.741	8.92	4500	2.5	2.47	2.61	240							50.4		0.28	8
17	1.285			7.4	8.3					7.9		220		1	78		2	1.703	8.39	3900	2.5	3.41	2.4	250							63		0.22	3
18	2.047			7.4	8.3					8.2								1.744	7.01	5500	2.5	3.77	2.6	245				0.045			6.3			
19	1.729			7.4														1.802	6.21	2900	4	3.76	2.59	240							25.2			
20	1.613																	1.812													37.8			
21	1.457																	2.009													37.8			
22	4.047			7.2	8.0					7.9		163		3	53		2	1.858	5.44	4900	4.1	3.97	2.71	250							56.7		0.90	87
23	6.209			7.2	7.9					8.1		91		4	20		2	1.96	14.5	3900	1.7	3.44	2.38	230							25.2		0.10	3
24	4.361			7.2	7.9					8.6		53		2	20		2	2.179	7.65	1200	3.1	3.09	2.07	200									0.10	3
25	2.305			7.0														2.032	6.01		4.3	3.16	2.09	200				1.47						
26	2.295			7.2														1.84	4.65		5.1	3.02	2.12	200										
27	1.918																	1.476													25.2			
28	1.706																	1.769																
29	1.731			7.3														1.616	4.56		5.4	3.22	2.17	220										
30	1.495			7.2														1.818	5.5		4.5	3.94	2.69	210										
31	1.414			7.1														1.834	6.04	30000	4.8	3.67	2.47	230										
Tot.	54.21																	53.48													1027			
Avg.	1.749			7.3	8.2					7.8		184		3	94		2	1.725	6.316	7150	3.3	3.389	2.369	224.1				0.424			44.65	0.66	0.33	7

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

16653	8085	12766		
FLOW	CBOD	TSS	OPERATOR	CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE