



MSD

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

January 24, 2008

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 December 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 December 2007.

During the month of December we exceeded our max wk. limit for Fecal. This was due to high influent flow conditions as a result of an extended rain event in the area. Additional samples were taken and were well below limits.

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 1207

Enclosures

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



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www.louisvillegreen.com*

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

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

MAJOR

(SUBJECT)

FINAL

MUNICIPAL DISCHARGE

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

NAME

ADDRESS

FACILITY

LOCATION

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

| | | | | | | | |
|------|------|----|-----|----|------|----|-----|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 97 | 12 | 31 | | 98 | 12 | 31 |

| PARAMETER | X | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------|---|---------------------|---------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| EFFLUENT GROSS VALUE | | ***** | ***** | | 7.8 | ***** | ***** | (19) | 0 | 3/7 | Grub |
| PERMIT REQUIREMENT | | ***** | ***** | *** | INST MIN | ***** | ***** | MG/L | | THREE/GRAB | WEEK |
| EFFLUENT GROSS VALUE | | ***** | ***** | | 7.0 | ***** | 8.2 | (12) | 0 | 3/4 | Grub |
| PERMIT REQUIREMENT | | ***** | ***** | *** | MINIMUM | ***** | MAXIMUM | MG/L | | THREE/GRAB | WEEK |
| BUSF ENDED | | 3106 | 4309 | (29) | ***** | 181 | 177 | (19) | 0 | 3/7 | Comp |
| PERMIT REQUIREMENT | | REPORT | REPORT | 08/01 | ***** | REPORT | REPORT | MG/L | | THREE/COMPOS | WEEK |
| RAW SEW EFFLUENT | | 91 | 113 | (26) | ***** | 3.4 | 4 | (19) | 0 | 3/7 | Comp |
| PERMIT REQUIREMENT | | 913 | 1220 | 05/04 | ***** | 30 | 45 | MG/L | | THREE/COMPOS | WEEK |
| EFFLUENT GROSS VALUE | | 241 | 356 | (28) | ***** | 9.2 | 15.5 | (19) | 0 | 3/7 | Comp |
| PERMIT REQUIREMENT | | REPORT | REPORT | 05/04 | ***** | REPORT | REPORT | MG/L | | THREE/COMPOS | WEEK |
| TOTAL CAS IN | | 53.3 | 203.0 | (26) | ***** | 1.89 | 7.17 | (19) | 0 | 3/7 | Comp |
| PERMIT REQUIREMENT | | 136 | 203 | 05/04 | ***** | 5 | 7.5 | MG/L | | THREE/COMPOS | WEEK |
| EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | 1.0 | .77 | (19) | 0 | 3/7 | Comp |
| PERMIT REQUIREMENT | | ***** | ***** | *** | ***** | 1.0 | 1.5 | MG/L | | THREE/COMPOS | WEEK |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
H.S. Schaefer
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 | | |
| AREA CODE | NUMBER | YEAR | MO | DAY |
| 502 | 241-4113 | 98 | 01 | 22 |

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

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

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

Form Approved
 OMB No. 2040-0004

ADDRESS

PERMIT NUMBER

DISCHARGE NUMBER

FACILITY LOCATION

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

HAZAR (EQUIV IV)
 FOR FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** 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 | | | |
| THRU TREATMENT PLANT EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 2.89 | 6.77 | (03) | ***** | ***** | ***** | | 0 | 1/2 | |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT DAILY MX | | ***** | ***** | ***** | | | | CONTINUOUS |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | | | | ***** | 16 | 1291 | (13) | 1 | 3/2 | Co |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 200 | 400 | | | | THREE/GRAB WEEK |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 1707 | 2395 | (26) | ***** | 61 | 81 | (19) | 0 | 1/5 | Co |
| | PERMIT REQUIREMENT | REPORT NO AVG | REPORT MX WK AV | | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | | THREE/COMPOS WEEK |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 72 | 126 | (26) | ***** | 2.5 | 4 | (19) | 0 | 1/5 | Co |
| | PERMIT REQUIREMENT | 271 MO AVG | 407 MX WK AV | 183/DY | ***** | 10 MO AVG | 15 MX WK AV | MG/L | | | THREE/COMPOS WEEK |
| PERCENT REMOVAL | SAMPLE MEASUREMENT | | | | 95.7% | ***** | ***** | (23) | 0 | 1/3 | Co |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 85 MO MIN | ***** | ***** | PERCENT | | | ONCE/CALCD MONTH |
| PERCENT REMOVAL | SAMPLE MEASUREMENT | | | | 97.0% | ***** | ***** | (23) | 0 | 1/3 | Co |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 85 MO MIN | ***** | ***** | PERCENT | | | ONCE/CALCD MONTH |
| | 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 | DATE | | |
| | | | AREA CODE NUMBER | YEAR | MO | DAY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 See attached cover letter "Fecal exceeded"

