



MSD

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

December 20, 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 November 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 November 2007.

Also included is the 4th quarter Biomonitoring results.

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 1107

Enclosures

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



*Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com*

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

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

NAME MSD FLOYDS FORK STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALBONQUIN PKWY
LOUISVILLE KY 40211-2497

KY0102784
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL

JEFFE

FACILITY MSD FLOYDS FORK STP
LOCATION LOUISVILLE KY 40245

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 11 | 01 | | 07 | 11 | 30 |

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE 1 1 ***

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) | ***** | ***** | | | 7.9 | ***** | ***** | (19) | 0 | 3/7 | Grub | |
| DO300 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | 7 | ***** | ***** | MG/L | | THREE/DRAW WEEK | | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | 6.8 | ***** | 7.4 | (12) | 0 | 3/7 | Grub | |
| DO400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | 6.0 | ***** | 7.0 | SU | | THREE/DRAW WEEK | | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 2379 | 3353 | (26) | ***** | 164 | 261 | (19) | 0 | 3/7 | Cap | |
| SOLIDS, TOTAL SUSPENDED | PERMIT REQUIREMENT | REPORT MD AVG | REPORT MX WK AV | LBS/DY | ***** | REPORT MD AVG | REPORT MX WK AV | MG/L | | THREE/DRAW WEEK | | |
| DO510 0 0 0 | SAMPLE MEASUREMENT | 51 | 96 | (26) | ***** | 3.3 | 4 | (19) | 0 | 3/7 | Cap | |
| RAW SEW/INFLUENT | PERMIT REQUIREMENT | 813 MD AVG | 1220 MX WK AV | LBS/DY | ***** | 30 MD AVG | 45 MX WK AV | MG/L | | THREE/DRAW WEEK | | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 218 | 266 | (26) | ***** | 15.3 | 18.7 | (19) | 0 | 3/7 | Cap | |
| NITROGEN, AMMONIA TOTAL (AS N) | PERMIT REQUIREMENT | REPORT MD AVG | REPORT MX WK AV | LBS/DY | ***** | REPORT MD AVG | REPORT MX WK AV | MG/L | | THREE/DRAW WEEK | | |
| DO610 0 0 0 | SAMPLE MEASUREMENT | 1.7 | 2.4 | (26) | ***** | 0.12 | 0.16 | (19) | 0 | 3/7 | Cap | |
| RAW SEW/INFLUENT | PERMIT REQUIREMENT | 136 MD AVG | 203 MX WK AV | LBS/DY | ***** | 5 MD AVG | 7.5 MX WK AV | MG/L | | THREE/DRAW WEEK | | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 16 | 675 | (19) | 0 | 3/7 | Cap | |
| PHOSPHORUS, TOTAL (AS P) | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 1.0 MD AVG | 1.5 MX WK AV | MG/L | | THREE/DRAW WEEK | | |
| DO665 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 1.0 MD AVG | 1.5 MX WK AV | MG/L | | THREE/DRAW WEEK | | |
| EFFLUENT GROSS VALUE | | | | | | | | | TELEPHONE | | DATE | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
H.J. Schaefer, Jr.
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

AREA CODE NUMBER YEAR MO DAY
211 9093 07 12 20

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

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

NAME MSD FLOYDS FORK STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALONGUIN PKWY
LOUISVILLE KY 40211-2497

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

KY0102784
PERMIT NUMBER
0011
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL

JEFFE

FACILITY MSD FLOYDS FORK STP
LOCATION LOUISVILLE KY 40245

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 11 | 01 | | 07 | 11 | 30 |

MUNICIPAL DISCHARGE EFFLUENT

*** 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 | | 1.73 | 3.75 | (03) | ***** | ***** | ***** | | 0 | 1/2 | 4 |
| EFFLUENT GROSS VALUE | | REPORT MD AVG | REPORT DAILY MX | MGD | ***** | ***** | ***** | *** | | CONTINUOUS | CONTIN |
| GENERAL | | ***** | ***** | | ***** | 5 | 28 | (13) | 0 | 1/2 | 6.b |
| EFFLUENT GROSS VALUE | | ***** | ***** | *** | ***** | 200 | 400 | */ | | FREE/GRAB | |
| 500. CARBONACEOUS 05 DAY, 200 | | 7724 | 11602 | (25) | ***** | 76 | 27 | (19) | 0 | 1/2 | 6.p |
| RAW SEW/INFLUENT | | REPORT MD AVG | REPORT MX WK AV | LBS/DY | ***** | REPORT MD AVG | REPORT MX WK AV | MG/L | | FREE/COMPOS | |
| 500. CARBONACEOUS 05 DAY, 200 | | 32 | 148 | (25) | ***** | 26 | 2 | (19) | 0 | 1/2 | 6.p |
| EFFLUENT GROSS VALUE | | 271 | 407 | LBS/DY | ***** | 10 | 15 | MG/L | | FREE/COMPOS | |
| 500. CARB-5 DAY, 20 | | ***** | ***** | | ***** | 97.2% | ***** | (23) | 0 | 1/2 | 6.1 |
| DEG O. PERCENT REMVL | | ***** | ***** | *** | ***** | 85 | ***** | PER- | | ONCE/ | CALC'D |
| PERCENT REMOVAL | | ***** | ***** | *** | ***** | MD MIN | ***** | CENT | | MONTH | |
| 500. SOLIDS, SUSPENDED | | ***** | ***** | | ***** | 97.9% | ***** | (23) | 0 | 1/2 | 6.1 |
| PERCENT REMOVAL | | ***** | ***** | *** | ***** | 85 | ***** | PER- | | ONCE/ | CALC'D |
| PERCENT REMOVAL | | ***** | ***** | *** | ***** | MD MIN | ***** | CENT | | MONTH | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schaver Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 241 9093
DATE 12 26
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 FLOYDS FORK STP
 ADDRESS: C/O LOUISVILLE/JEFF CO MSD
 4532 ALCONQUIN HWY
 LOUISVILLE KY 40211-2497
 FACILITY: MSD FLOYDS FORK STP
 LOCATION: LOUISVILLE KY 40245
 ALEX E NOVAK, OPER MGR

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

| | | | | | | |
|-------------------|------------------|-----|----|------|----|-----|
| KY0102784 | 001 Y | | | | | |
| PERMIT NUMBER | DISCHARGE NUMBER | | | | | |
| MONITORING PERIOD | | | | | | |
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 10 | 01 | | 07 | 12 | 31 |

MAJOR (SUBR LV)
 F - FINAL JEFFE
 QUARTERLY METALS/BIO-MONITORING EFFLUENT
 *** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

| 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 | | | |
| HARDNESS, TOTAL (AS CaCO3) 10900 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 311 | 11 | (19) | 0 | 1/2 | Cap |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | REPORT MD AVG | REPORT DAILY MX | MG/L | | ONCE / MONTH | COMPOS |
| ZINC TOTAL RECOVERABLE 21044 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.0350 | 0.0350 | (19) | 0 | 1/2 | Cap |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | REPORT MD AVG | REPORT DAILY MX | MG/L | | QTRLY | COMPOS |
| CADMIUM TOTAL RECOVERABLE 21113 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <0.001 | <0.001 | (19) | 0 | 1/2 | Cap |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | REPORT MD AVG | REPORT DAILY MX | MG/L | | QTRLY | COMPOS |
| LEAD TOTAL RECOVERABLE 21114 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <0.005 | <0.005 | (19) | 0 | 1/2 | Cap |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | REPORT MD AVG | REPORT DAILY MX | MG/L | | ONCE / MONTH | COMPOS |
| COPPER TOTAL RECOVERABLE 21119 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.004 | 0.004 | (19) | 0 | 1/2 | Cap |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | REPORT MD AVG | REPORT DAILY MX | MG/L | | QTRLY | COMPOS |
| TOXICITY, FINAL CONC TOXICITY UNITS 11400 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | <1.0 | (29) | 0 | 1/2 | Cap |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 1.00 CHRONC DAILY MX TOXCTY | | | QTRLY | COMPOS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | | |
|---|---|--|------------------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H J. Schneider Jr. 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 7033 | 07 | 12 | 20 |

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

