



MSD

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

October 25, 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 September 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 August 2007.

Also attached is the 3rd Qtr. 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 0907

Enclosures

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



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

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

NAME MSD FLOYDS FORK STP
ADDRESS 070 LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD FLOYDS FORK STP
LOCATION LOUISVILLE KY 40245
ATTN: ALEX E NOVAK, OPER MGR

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

KY0102784
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT

JEFFE

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

*** NO DISCHARGE 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)	00300 1 0 0	*****	*****		7.1	*****	*****	MG/L	0	3/2	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEK	
SOLIDS, TOTAL SUSPENDED	00400 1 0 0	*****	*****		8.0	*****	8.4	MG/L	0	3/2	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	MG/L		WEEK	
SOLIDS, TOTAL SUSPENDED	00500 9 0 0	*****	2791	LBS/DY	*****	232	260	MG/L	0	3/2	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT NO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	*****	19	LBS/DY	*****	1.3	2.0	MG/L	0	3/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	00610 9 0 0	*****	253	LBS/DY	*****	23.2	24.3	MG/L	0	3/2	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT NO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 1 0	*****	2.7	LBS/DY	*****	0.25	0.29	MG/L	0	3/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT NO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	1.0	1.05	MG/L	0	3/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
H.J. Schade
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	241-9093	07	10	25

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 0/0 LOUISVILLE/JEFF CO MSD
 4526 ALMONQUIN PKWY
 LOUISVILLE KY 40211-2497
FACILITY MSD FLOYDS FORK STP
LOCATION LOUISVILLE KY 40245
ATTN: ALEX E NOVAK, OPER MGR

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

KY0102784
PERMIT NUMBER
 001
DISCHARGE NUMBER


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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

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		1.25	1.33	(C3)	*****	*****	*****		0	C/W	C/W
80050 1 0 0 EFFLUENT GROSS VALUE		REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTIN	CONTIN
80050 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	****		ODUS	
COLIFORM, FECAL GENERAL					*****	15	118	(15)	0	3/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	200	400	300A GEO		WEEK	
80082 6 C 0 RAW SEW/INFLUENT		*****	*****	***	*****	REPORT MD AVG	REPORT MX WK AV	100ML	0	3/7	Comp
80082 6 C 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MD AVG	REPORT MX WK AV	100ML	0	3/7	Comp
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MD AVG	REPORT MX WK AV	100ML	0	3/7	Comp
80082 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT MD AVG	REPORT MX WK AV	100ML	0	3/7	Comp
80091 4 0 0 PERCENT REMOVAL		*****	*****	***	98.3%	*****	*****	(25)	0	1/30	Cal
80091 4 0 0 PERCENT REMOVAL		*****	*****	***	MD MIN	*****	*****	PER-CENT	0	1/30	Cal
81011 4 0 0 PERCENT REMOVAL		*****	*****	***	99.4%	*****	*****	(25)	0	1/30	Cal
81011 4 0 0 PERCENT REMOVAL		*****	*****	***	MD MIN	*****	*****	PER-CENT	0	1/30	Cal

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.J. Schuda 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 98	NUMBER 1 201 9093	YEAR 07	MO 10	DAY 05

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 070 LOUISVILLE/JEFF CD MSD
 4522 ALBONQUIN PKWY
 LOUISVILLE KY 40211-2497
 FACILITY MSD FLOYDS FORK STP
 LOCATION LOUISVILLE KY 40245
 ATTN: ALEX E NOVAK, OPER MGR

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

MAJOR (SUBR LV)
 F - FINAL

Form Approved
 OMB No. 2040-0004

KY0102784
 PERMIT NUMBER

001 Y
 DISCHARGE NUMBER

JEFFE

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
07						

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) 00700 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	235	235	(17)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		MONTH	
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0303	0.0303	(17)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0009	0.0009	(17)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	(17)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		MONTH	
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.014	0.014	(17)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
TOXICITY, FINAL CONC TOXICITY UNITS 61405 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<1.0	<1.0	(25)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT DAILY MX	1.00 CHRONC TOXCT				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE		
503 241 9093	07	10	24
AREA CODE NUMBER	YEAR	MO	DAY

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

NAME OF TREATMENT PLANT FLOYDS FORK COUNTY JEFFERSON MONTH OF: September 2007
 KPDES PERMIT NUMBER KY0102784 PLANT CAPACITY 3.5 MGD RECEIVING STREAM FLOYDS FORK

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH			SETTLABLE SOLIDS (mg/L)			DISSOLVED OXYGEN (mg/L)			SUSPENDED SOLIDS (mg/L)			5 DAY CBOD (mg/L)			ACTIVATED SLUDGE			AERATION BASIN						SLUDGE HANDLING				FINAL			
		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 X 1000	GAL/DAY X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME		RAW		HAULED		PHOSPHORUS, TOTAL (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)			
																								30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS				% VOLATILE SOLIDS	BATHROOM GALLONS X 1000	
1	1.228																1.75																		
2	1.288																1.83																4.6		
3	1.362										214	1	146	2	2	2900															44.1	1.00	0.39	90	
4	1.185			7.4	8.3				8.0		226	2	109	2	2.1	4110	4200		3.5	1	2.63	330									0.80	0.10	67		
5	1.209			7.4	8.3				7.7		178	1	100	2	1.81	3430	5600		3.6	0.6	2.78	310									69.3	0.50	0.34		
6	1.115			7.3	8.3				7.4							1.6	4070	5700		3.4	0.4	2.6	300					0.094				50.4			
7	1.323			7.3												1.59	4150	5000		3.6	0.5	2.61	290									44.1			
8	1.281															1.49																	6.3		
9	1.576										184	1	108	2	1.48																	31.5	0.20	0.50	172
10	1.358			7.3	8.3				7.2		298	1	131	2	1.34	4290	6400		3.6	0.6	2.74	300									18.9	0.47	0.10	150	
11	1.180			7.3	8.4				7.5		262	1	106	2	1.56	3870	5700		3.1	0.4	2.52	300									81.9	0.74	0.28	64	
12	1.121			7.3	8.2				8.0							1.48	3750	9100		3.4	0.7	2.45	300									50.4			
13	1.080			7.4												1.67	3490	5000		4.1	1.2	2.26	270									50.4			
14	1.177			7.3												1.81	3390			4.2	0.7	2.22	250									18.9			
15	1.295															1.9																	18.9		
16	1.363										218	1	124	2	1.8																	37.8	0.64	0.34	3
17	1.254			7.2	8.1				7.5		302	1	125	2	1.71	3660	5400		3.2	1.1	2.41	280									88.2	1.10	0.10	3	
18	1.140			7.3	8.0				8.1		260	1	122	2	1.7	3440	7700		3.3	1.4	2.3	270									88.2	1.40	0.10	3	
19	1.219			7.1	8.1				7.8							1.66	3390	4200		3.2	0.4	2.3	280						1.06			31.5			
20	0.982			7.2												1.51	4020	4000		3.6	0.6	2.65	320									63			
21	1.098			7.2												1.5	3330	4200		3.2	0.4	2.23	290									31.5			
22	1.243															1.46																	25.2		
23	1.855										180	2	118	2	1.47																	50.4	1.00	0.10	3
24	1.101			7.0	8.0				7.2		230	1	133	2	1.51	3400	5500		2.6	1	2.33	250									31.5	0.80	0.10	3	
25	1.032			7.0	8.0				7.1		228	2	114	2	1.78	3390	5600		2.3	0.9	2.31	260									37.8	0.80	0.50	3	
26	1.165			7.0	8.1				7.7							1.67	3440	4500		2.2	0.7	2.39	250									31.5			
27	1.463			7.1												1.7	3290	3700		3	0.8	2.27	250									56.7			
28	1.450			7.0												1.5	3200	4000		2.8	0.9	2.17	240									63			
29	1.018															1.48		4400															6.3		
30	1.269															1.4																			
31																																			
Tot.	37.43															49.26																1132			
Avg.	1.248			7.2	8.2				7.6		232	1	120	2	1.642	3637	5140		3.258	0.753	2.43	281.1						0.884		41.94	0.79	0.25	15		

RESIDENTIAL COMMERCIAL INDUSTRIAL INDUSTRIAL WASTE POPULATION EQUIVALENT
 11883 7325 11479
 FLOW CBOD TSS

OPERATOR CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0
 SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE