



MSD

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

August 23, 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 July 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 July 2007.

During the month of July we failed Total Phosphorus wk. avg. This was due to mechanical issues with our sodium aluminate pumps. The repairs were made to the pump, and our total phosphorus reading went back down.

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 0707

Enclosures

cc: M. Mudd (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 CYN LOUISVILLE/JEFF CO MSD
4502 ALBINGUIN PARK
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

*** 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)	PERMIT REQUIREMENT	*****	*****	*****	7.9	*****	*****	MG/L	0	1/7	6.6
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEK	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L		WEEK	
PH	PERMIT REQUIREMENT	*****	*****	*****	8.0	*****	8.7	*****	0	1/7	6.6
PH400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEK	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		WEEK	
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	2439	3590	LBS/DY	*****	230	300	MG/L	0	3/7	6.6
DO530 2 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEK	
RAW SEW INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L		WEEK	
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	13	17	LBS/DY	*****	1.3	2	MG/L	0	3/7	6.6
DO530 1 0 0	PERMIT REQUIREMENT	813	1220	LBS/DY	*****	30	45	MG/L		WEEK	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	181	202	LBS/DY	*****	16.8	20.1	MG/L	0	3/7	6.6
DO510 4 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEK	
RAW SEW INFLUENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	1.8	3.4	LBS/DY	*****	0.17	0.33	MG/L	0	3/7	6.6
DO610 1 1 0	PERMIT REQUIREMENT	54	81	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEK	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEK	
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.53	MG/L	1	3/7	6.6
DO665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.5	MG/L		WEEK	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MD AVG	MX WK AV	MG/L		WEEK	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.				TELEPHONE		DATE			
H.S. Schmidt Exec Director						502 241 4073		67 08 21			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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
4522 ALONGQUIN 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


*** NO DISCHARGE ***

JEFF CO

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

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	1.43	1.97	(03)	*****	*****	*****		0	9/1	C/P
50050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		DISCHARGE LIMIT	
EFFLUENT GROSS VALUE								***		UGUS	
COLIFORM: FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	7	14	(13)	0	3/7	6-c-b
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	400		THREE/ WEEK	
EFFLUENT GROSS VALUE						30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	1113	1350	(25)	*****	104	120	(17)	0	3/7	Comp
50082 0 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		THREE/ WEEK	
RAW SEW/INFLUENT											
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	22	23	(25)	*****	2.0	2	(17)	0	3/7	Comp
50082 1 0 0	PERMIT REQUIREMENT	2/1	40/		*****	10	15			THREE/ WEEK	
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		98.6 %			(25)	0	1/31	C.I.
DEG C: PERCENT REMVL	PERMIT REQUIREMENT	*****	*****	***	BS	*****	*****	PER-CENT		THREE/ MONTH	
50091 4 0 0					MD MIN						
PERCENT REMOVAL											
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		99.4 %			(25)	0	1/31	C.I.
51011 1 0 0	PERMIT REQUIREMENT	*****	*****	***	BS	*****	*****	PER-CENT		THREE/ MONTH	
PERCENT REMOVAL					MD MIN						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.		TELEPHONE		DATE		
H.S. Schaubert Exec Director				502	241-9093	07	08	21
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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

NAME OF TREATMENT PLANT				FACILITY NAME				PLANT CAPACITY				3.5 MGD				RECEIVING STREAM				FLOYDS FORK																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
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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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
		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	RETURN		WASTED	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME		GALLONS X 1000	RAW	HAULED	PHOSPHORUS, TOTAL (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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RESIDENTIAL
COMMERCIAL
INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
13639 FLOW 7318 CBOD 13067 TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Jul 01, 2007 12:00 AM thru Jul 31, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0102784	Facility ID MSD0294	Treatment Plant Name FLOYDS FORK	Receiving Stream of Treatment Plant FLOYDS FORK	Region EAST
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Facility Type SMH Sewer Manhole	Facility ID 94823-X	Facility Address 915 BLANKENBAKER PKY	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
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<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 682532	<u>Initiated</u> 07/01/07 08:10 PM	<u>Initiated By</u> GERALD DUNLAP	<u>Problem</u> STRUCTURAL FAILURE	<u>Resolution</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 07/01/07 09:30 PM
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Spot Inspections:

Discharge Amount:	100 GAL
Cause:	FORCE MAIN BROKE INSIDE THE MANHOLE
Clean Up:	CLEANUP PERFORMED BY OPERATIONS
Control Zone:	PLACED SIGNS ON BOTH SIDE OF DRAINAGE DITCH
Impact:	WATER DISCHARGING FROM MANHOLE AND FLOWING INTO DRAINAGE DITCH
Repair:	WORK ORDER 682873 - REMOVED THE VALVE IN THE MANHOLE, REPLACED PIPE, AND REPLACE THE MANHOLE TOP FRAME AND LID.

Notifications:

07/01/07 01:00 PM	Email notification of unauthorized discharge sent to Harkins.John@epamail.epa.gov and eppc.ert@ky.gov
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Total Facilities Printed: 3