



MSD

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

April 23, 2008

Charlie Roth, District Supervisor
Kentucky Division of Water
9116 Leesgate Road
Louisville, Ky 40222

RE: Floyds Fork Wastewater Treatment Plant, KPDES No: KY0102784
Discharge Monitoring Report for March 2008.

Dear Mr. Roth:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Floyds Fork Wastewater Treatment Plant, for the month of March 2008.

Also included are the 1st quarter Biomonitoring report

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 0308

Enclosures

cc: K. Thurman (DOW)
T. Singleton

R. Shaw



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME MSO FLOYDS FORK STP
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSO FLOYDS FORK STP
 LOCATION LOUISVILLE KY 40245
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0102784
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MAJOR
 (SUBR LV)
 F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

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)		*****	*****		9.3	*****	*****	(19)	0	3/7	G.b
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		THREE / GRAB WEEK	
PH		*****	*****		7.9	*****	8.2	(12)	0	3/7	G.b
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	5U		THREE / GRAB WEEK	
SOLIDS, TOTAL SUSPENDED		2837.0	4045	(24)	*****	114.0	143.0	(19)	0	3/7	Co.p
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MG AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MG AVG	REPORT MX WK AV	MG/L		THREE / COMPOS WEEK	
SOLIDS, TOTAL SUSPENDED		60.0	90.0	(26)	*****	2.0	2.0	(19)	0	3/7	Co.p
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	813 MG AVG	1220 MX WK AV	LBS/DY	*****	30 MG AVG	45 MX WK AV	MG/L		THREE / COMPOS WEEK	
NITROGEN, AMMONIA TOTAL (AS N)		239.0	264.0	(26)	*****	10.0	13.0	(19)	0	3/7	Co.p
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MG AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MG AVG	REPORT MX WK AV	MG/L		THREE / COMPOS WEEK	
NITROGEN, AMMONIA TOTAL (AS N)		7.0	18.0	(26)	*****	0.17	0.32	(19)	0	3/7	Co.p
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	136 MG AVG	203 MX WK AV	LBS/DY	*****	5 MG AVG	7.5 MX WK AV	MG/L		THREE / COMPOS WEEK	
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	0.35	0.46	(19)	0	3/7	Co.p
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1.0 MG AVG	1.5 MX WK AV	MG/L		THREE / COMPOS WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.J. Schade 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
 502 911-9697
 DATE
 04 23

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

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

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 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0102784
 PERMIT NUMBER
 001 1
 DISCHARGE NUMBER

MAJOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFF E

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

MUNICIPAL DISCHARGE
 EFFLUENT

*** NO DISCHARGE [] ***

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PARAMETER	SAMPLE MEASUREMENT	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		3.29	3.76	(03)	*****	*****	*****		0	1/2	1/2
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONT IN	CONT IN
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	14.0	48.0	(13)	0	3/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		FREE/	GRAB
						30 DA GEO	7 DA GEO	100ML		WEEK	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	1589.0	2375.0	(26)	*****	61.0	77.0	(19)	0	3/7	Comp
80062 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/	COMPOS
										WEEK	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	82.0	105.0	(26)	*****	3.0	3.0	(19)	0	3/7	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	271	407		*****	10	15			FREE/	COMPOS
		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		95.0%	*****	*****	(23)	0	1/31	C.I
80091 0 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-		ONCE/	CALCUL
					MD MIN			CENT		MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		98.0%	*****	*****	(23)	0	1/31	C.I
81011 0 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-		ONCE/	CALCUL
					MD MIN			CENT		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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TELEPHONE 502 241-9093
 DATE 08 01 23
 AREA CODE NUMBER YEAR MO DAY

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 DISCHARGE MONITORING REPORT (DMR)

KY0102784 PERMIT NUMBER
 001 Y DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL
 QUARTERLY METALS/BIOMONITORING EFFLUENT
 *** NO DISCHARGE [] ***
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YEAR	MO	DAY	TO	YEAR	MO	DAY
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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	266	266	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0288	0.0288	(19)	0	1/90	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.001	<0.001	(19)	0	1/90	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	(19)	0	1/90	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
COFFER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.017	0.017	(19)	0	1/90	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS 61406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(26)	0	1/90	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.00 CHRONIC DAILY MX TOXCTY			QTRLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 W. J. Schaefer Jr
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TELEPHONE 508 1241-9093
 DATE 08 04 24
 AREA CODE NUMBER YEAR MO DAY

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