MSD

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

May 22, 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 April 2008

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operator Report (MOR) For the Floyds Fork wastewater treatment plant for the month of April 2008.

During the month of April we exceeded our max. wk avg. for Fecal. This was due to an area rain event that gave us 3.95 inches of rain, and high plant flows.

Also included are the monthly discharge reports and a plant bypass letter.

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 0408

Enclosures

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

MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
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April 7, 2008

Mr. Charlie Roth, District Supervisor
KY Division of Water
Louisville Regional Office
9116 Leesgate Road
Louisville, KY 40222-5084

Re: Bypass Report for the Floyds Fork TP – KPDES Permit KY0102784

Dear Mr. Roth:

This plant experienced a bypass event starting at 7:15 AM on April 4, 2008 and stopping at 7:30 AM on April 4, 2008. This was reported through our electronic notification system at approximately 100PM on April 4, 2008, referencing Work Order 765712 as a Rain Event Discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Due to a recent rain event, the sand filters at Floyds Fork became hydraulically overloaded, and the bypass gate was not opened, causing approximately 10,000 gals of secondary clarifier effluent to overflow the sand filters and go onto the floor and out the door of the filter room. The wastewater received full secondary treatment and bypassed the UV disinfection. MSD suspects that most of or the entire amount spilled reached Waters of the U.S.

Please advise if you have any questions concerning this information. You can contact me at my office 502-241-9093 or via my cell phone 502-648-5984.

Sincerely,

John Kessel
East Region Supervisor

cc: D. Guthrie, D. Thomasson, R. Shaw/File, M. Jenkins, B. Bingham, D. Talley, Angela Akridge

Form Approved.
OMB No. 2040-0004

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

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

KY0102794	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	04	01	TO	02	04	30

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

JEFFE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		8.9	*******	*******	(19) MG/L	0	3/7	G-b
	PERMIT REQUIREMENT	*******	******* **** ****		7 INST MIN	*******	*******			THREE/WEEK	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		8.1	*******	8.2	(12) SU	0	3/7	G-b
	PERMIT REQUIREMENT	*******	******* **** ****		6.0 MINIMUM	*******	9.0 MAXIMUM			THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	2348	2929	(26) LBS/DY	*******	124.0	172.0	(19) MG/L	0	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		*******	REPORT MO AVG	REPORT MX WK AV			THREE/WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	39	60	(26) LBS/DY	*******	2.0	2.0	(19) MG/L	0	3/7	Comp
	PERMIT REQUIREMENT	813 MO AVG	1220 MX WK AV		*******	30 MO AVG	45 MX WK AV			THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	212	238	(26) LBS/DY	*******	12.0	15.0	(19) MG/L	0	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		*******	REPORT MO AVG	REPORT MX WK AV			THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.0	6.0	(26) LBS/DY	*******	0.10	0.17	(19) MG/L	0	3/7	Comp
	PERMIT REQUIREMENT	136 MO AVG	203 MX WK AV		*******	5 MO AVG	7.5 MX WK AV			THREE/WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	1.0	1.25	(19) MG/L	0	3/7	Comp
	PERMIT REQUIREMENT	*******	******* **** ****		*******	1.0 MO AVG	1.5 MX WK AV			THREE/WEEK	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Exec Director	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.	AREA CODE	NUMBER	YEAR	MO	DAY
W J Schudt Jr	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502	241-0678	02	05	02
TYPED OR PRINTED						

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD FLOYDS FORK STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD 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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	04	01	TO	08	04	30

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

JEFFE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.42	3.81	(03)	*******	*******	*******		0	CONTIN	CONTIN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*******	*******	*******	***** *****		UOUS	UOUS
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*******	*******		*******	45	737	(13)	1	3/7	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	******* **** ****		*******	200 30DA GEO	400 #/ 7 DA GEO 100ML			THREE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	1159	1271	(26)	*******	63.0	87.0	(19)	0	3/7	Comp
80082 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/ WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	59	89	(26)	*******	3.0	3.0	(19)	0	3/7	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	271 MO AVG	407 MX WK AV	LBS/DY	*******	10 MO AVG	15 MX WK AV	MG/L		THREE/ WEEK	COMPOS
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*******	*******		95.0 %	*******	*******	(23)	0	1/30	Cal
80091 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*******	******* **** ****		85 MO MIN	*******	*******	PER- CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		98.0 %	*******	*******	(23)	0	1/30	Cal
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*******	******* **** ****		85 MO MIN	*******	*******	PER- CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	241-9098	08	05	22

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

During the month we exceeded our max wk for Fecal. See note on cover letter for explanation

NAME OF TREATMENT PLANT FLOYDS FORK COUNTY JEFFERSON MONTH OF: April 2008

KPDES PERMIT NUMBER KY0102784 PLANT CAPACITY 3.5 MGD RECEIVING STREAM FLOYDS FORK

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		
																		RETURN		WASTED				SETTLED SLUDGE VOLUME		RAW			HAULED					
		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 x1000	GAL/DAY X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) X 1000	30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000	PHOSPHORUS, TOTAL (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
1	3.278			7.6	8.1					10.1		102		2	40		3	2.043	6.7	45	6.6	3640	2720	360							75.6	0.34	0.06	175
2	2.569			7.4	8.2					9.5		79		2	45		3	2.023	6.86	41	7	3430	2510	370							63	0.32	0.06	69
3	4.869			7.5	8.1					9.7		106		2	43		3	2.94	7.2	40	6.7	3320	2410	400				1.48			69.3	0.38	0.39	33200
4	8.302			7.4														2.58	13.8	41	5.9	1870	0.054	200							44.1			
5	2.939																	1.72													6.3			
6	2.372																	1.77																
7	2.352			7.5														1.22	6.68	68	7.1	3260	2270	450							81.9			
8	2.202			7.0								91		2	46		3	2.12	3.34	61	8.1	2760	1970	350							88.2	0.31	0.06	23
9	2.007			7.4	8.1					9.1		101		2	62		3	2.05	5.86	30	6.4	2340	2210	380							7506	0.26	0.06	13
10	1.982			7.5	8.2					9.7		107		2	56		3	1.99	5.85	41	7	3120	2190	410				1.54			69.3	0.28	0.22	13
11	3.071			7.5	8.2					8.8								2.11	5.33	41	6.1	3000	2120	400							12.6			
12	2.409																	1.86																
13	2.320																	1.84													6.3			
14	2.116			7.5														1.88	4.45	40	6.2	3050	1530	350							50.4			50
15	2.171			7.5								127		2	64		3	2.01	5.5	40	6.5	3210	2230	400							56.7	0.26	0.06	10
16	2.119			7.5	8.2					9.1		124		2	68		3	1.88	5.61	46	6.6	3040	2180	400							75.6	0.27	0.06	30
17	1.844			7.5	8.2					8.9		141		2	73		3	1.91	5.12	37	6.1	3070	2220	410				1.04			69.3	0.29	0.06	25
18	1.686			7.4	8.2					9.6								1.88	3.96	46	6.5	2820	2010	450							12.6			
19	1.953																	1.97													6.3			
20	2.169																	2.07													12.6			
21	1.719			7.6														1.9	5.54	45	6.6	2222	2250	480							107.1			43
22	1.700			7.5								159		2	70		3	1.89	6.07	60	6.6	2670	1930	430							63	0.42	0.06	24
23	1.691			7.4	8.2					9.6		178		2	109		3	1.96	5.26	58	5.5	3080	2220	400							100	2.92	0.06	17
24	1.664			7.4	8.2					9.6		178		2	81		3	2.16	4.92	52	6.6	2800	1980	400				0.988			63	0.41	0.06	10
25	1.946			7.4	8.2					8.9								2.13	4.73	45	5.7	2770	1960	390							31.5			
26	1.686																	1.53													12.6			
27	1.819																	1.59																
28	1.802			7.5														2.05	4.55		6.4	2550	1810	400										
29	1.796			7.6														2.09	4.92	45	6.6	3040	2430	400										52
30	1.916			7.5														2.04	5.33		6.4	3030	2210	400										60
31																																		
Tot.	72.47																	59.21													8683			
Avg.	2.416			7.5	8.2					9.4		124		2	63		3	1.974	5.799	46.1	6.509	2913	2062	392.3				1.262			361.8	0.54	0.10	45

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

23006	7476	11936
FLOW	CBOD	TSS

OPERATOR CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE

MSD Louisville and Jefferson County Metropolitan Sewer District

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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0102784	MSD0294	FLOYDS FORK	FLOYDS FORK	EAST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	97506	1160 BLUE HERON RD		FLOYDS FORK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed
DISREV: RAIN EVENT DISCHARGE	765699	04/04/08 09:30 AM	MARKS JR	CARTER SR	DOCUMENTED	04/04/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	04/04/08 06:00 PM

Spot Inspections:

Discharge Amount:	115,500 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD CLEANED AND SANITIZED AREA
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	DEBRIS OBSERVED ON GROUND
Repair:	SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED & EVALUATED FOR REPAIR

Notifications:

04/04/08 12:58 AM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/04/08 12:58 AM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

NO. 0409 P. 77/17
MAY. 19. 2008 2:24PM

MSD Louisville and Jefferson County Metropolitan Sewer District

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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0102784 (Cont'd)	MSD0294	FLOYDS FORK	FLOYDS FORK	EAST

Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SP Sewer Treatment Plant	MSD0294	1100 BLUE HERON RD		FLOYDS FORK	STREAM

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed
DISREV: RAIN EVENT DISCHARGE	795712	04/04/08 07:15 AM	MARKS JR	CARTER SR	DOCUMENTED	04/04/08	BYPASS AT TREATMENT PLANT	DISCHARGE TO WATERS OF THE US	04/04/08 07:30 AM

Spot Inspections:

Discharge Amount:	10,000 GAL
Cause:	HIGH FLOW TO FILTERS DUE TO RAIN STORM
Clean Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	PIPE DISCHARGE SUBMERGED NO CONTROL ZONE
Impact:	NO IMPACT OBSERVED
Repair:	OPEN SAND FILTER BYPASS GATE

Notifications:

04/04/08 12:58 AM	Email notification of unauthorized discharge sent to reland.sean@epa.gov, epp.ert@ky.gov and LisaA.Jeffries@ky.gov

No. 8489 P. 22/22
May. 19. 2008 2:24PM