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

June 24, 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 May 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 May 2008.

Also included are the 2nd Quarter Biomonitoring reports.

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 0508

Enclosures

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

Form Approved.
OMB No. 2040-0004

RMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
ME MSD FLOYDS FORK STP
DRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40214
CILITY MSD FLOYDS FORK STP
CATION LOUISVILLE KY 40245
TTN: 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	09	01	TO	08	09	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	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
XYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		7.3	******	******	(19)	0	3/7	Grab
00300 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** *** ****		7 INST MIN	******	******	MG/L		THREE/ WEEK	GRAB
H	SAMPLE MEASUREMENT	******	******		7.3	******	8.4	(12)	0	3/7	Grab
00400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** *** ****		6.0 MINIMUM	******	9.0 MAXIMUM	SU		THREE/ WEEK	GRAB
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	2593	3244	(26)	******	134	156	(19)	0	3/7	Comp
00530 8 0 0 AW 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
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	53	82	(26)	******	2.7	5	(19)	0	3/7	Comp
00530 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	813 MO AVG	1220 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		THREE/ WEEK	COMPOS
ITROGEN, AMMONIA OTAL (AS N)	SAMPLE MEASUREMENT	237	320	(26)	******	12	16	(19)	0	3/7	Comp
00610 8 0 0 AW 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
ITROGEN, AMMONIA OTAL (AS N)	SAMPLE MEASUREMENT	2.1	3.6	(26)	******	0.09	0.13	(19)	0	3/7	Comp
00610 1 1 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	54 MO AVG	81 MX WK AV	LBS/DY	******	2 MO AVG	3 MX WK AV	MG/L		THREE/ WEEK	COMPOS
HOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	1.0	1.0	(19)	0	3/7	Comp
00665 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** *** ****		******	1.0 MO AVG	1.5 MX WK AV	MG/L		THREE/ WEEK	COMPOS

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
AREA CODE: 502
NUMBER: 241-9093

DATE
YEAR: 08
MO: 06
DAY: 23

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 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	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	05	01	TO	98	05	31

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

JEFFE

Form Approved.
OMB No. 2040-0004

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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	2.53	2.94	(03)	******	******	******		0	C/N	C/N
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	27	76	(13)	0	3/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		******	200 GEOD MEAN	400 #/ 7 DA GEO MEAN	100ML		THREE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	1391	2029	(26)	******	67	100	(19)	0	3/7	Comp
	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 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	63	77	(26)	******	3	3	(19)	0	3/7	Comp
	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-S DAY, 20 DEG C, PERCENT REMVL 80091 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		95%	******	******	(23)	0	1/31	Cal
	PERMIT REQUIREMENT	******	****** **** ****		85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		97%	******	******	(23)	0	1/31	Cal
	PERMIT REQUIREMENT	******	****** **** ****		85 MO MIN	******	******	PER-CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec Dir	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 502	NUMBER 241-9093	YEAR 98	MO 06	DAY 23
W.J. Schmidt, Jr		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
TYPED OR PRINTED							

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 CEDAR CREEK STP
8405 CEDAR CREEK RD
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LOCATION LOUISVILLE KY 40245
ATTN: DENNIS THOMASSON, SR METRO OPS

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

Form Approved.
OMB No. 2040-0004

KY0102784	001 Y	MAJOR
PERMIT NUMBER	DISCHARGE NUMBER	(SUBR LV)
		F - FINAL
		QUARTERLY METALS/BIOMONITORING
		EFFLUENT
		*** NO DISCHARGE [ ] ***

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	04	01	TO	05	06	30

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			
HARDNESS, TOTAL (AS CACO3)	SAMPLE MEASUREMENT	******	*******		*******	297	297	(19)	0	1/91	Comp
00900 1 0 0	PERMIT REQUIREMENT	******	*******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
ZINC TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	*******		*******	0.0377	0.0377	(19)	0	1/91	Comp
01094 1 0 0	PERMIT REQUIREMENT	******	*******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	*******		*******	<0.001	<0.001	(19)	0	1/91	Comp
01113 1 0 0	PERMIT REQUIREMENT	******	*******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	*******		*******	<0.005	<0.005	(19)	0	1/91	Comp
01114 1 0 0	PERMIT REQUIREMENT	******	*******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
COPPER TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	*******		*******	0.008	0.008	(19)	0	1/91	Comp
01119 1 0 0	PERMIT REQUIREMENT	******	*******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS	SAMPLE MEASUREMENT	******	*******		*******	*******	< 1.0	(28)	0	1/91	Comp
51406 1 0 0	PERMIT REQUIREMENT	******	*******	**** ****	******	*******	1.00 DAILY MX	CHRONC TOXCTY		QTRLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
H.S. Schneider	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 502	NUMBER 241-9093	YEAR 05	MO 06	DAY 24
Exec. Director							
TYPED OR PRINTED							

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

NAME OF TREATMENT PLANT FLOYDS FORK COUNTY JEFFERSON MONTH OF: May 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		
		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		RAW			HAULED			PHOSPHORUS, TOTAL (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
																		GAL/DAY X 1000	MLSS x1000	GAL/DAY X 1000				30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000			
1	2.044			7.5														2.126	5090	51000	6.6	3090	2230	450					0.938		75.6			
2	2.698			7.6														1.88	5020		6.4	3080	2290	440							31.5			
3	4.595																	1.67													12.6			
4	2.318											121		2	62		3	1.79													6.3	0.44	0.22	62
5	2.175			7.6	7.3					7.3								2.08	7280	50000	6.7	3460	1560	410							31.8			62
6	1.849			7.5	7.5					7.4		180		11	72		3	1.16	5340	50000	6.6	3000	2120	400							75	0.34	0.06	3
7	2.186			7.6	7.4					7.5		62		2	67		3	2.6	5430	50000	6.7	3270	2360	400							81.9	0.46	0.06	25
8	2.800			7.7								133		2	46		3	1.82	6330	50000	6.6	3140	3210	390							81.9	0.50	0.06	
9	2.617			7.6														2.14	7070	48000	6.7	3190	2340	380							25.2			
10	2.366																	2.11													6.3			
11	3.609											127		2	60		3	2.01													18.9	0.43	0.34	290
12	2.748			7.5	8.3					8.4		124		2	55		3	2.03	6410	51000	5.8	3130	2310	390							75.6	0.30	0.06	60
13	3.203			7.4	8.1					8.5		120		2	50		3	1.96	6110	51000	5.4	2820	2150	400							56.7	0.33	0.06	25
14	3.217			7.5	8.4					9.3								1.98	5350	52000	6.2	2530	2000	400							94.5			
15	5.156			7.5														1.92	6210	55000	6.6	3080	2220	400					1.064		94.5			
16	4.180			7.5														2.02	8150	50000	6.5	2700	2230	330							31.5			
17	2.909																	2.12													56.7			
18	2.535											120		2	54		3	2.09														0.44	0.06	67
19	2.159			7.5	8.4					8.5		137		2	57		3	2.09	5840	53000	5.4	2620	1880	450							107	0.28	0.06	26
20	1.848			7.5	8.4					8.8		145		2	53		3	1.97	5620	54000	6.1	2990	2170	400							75.6	0.37	0.06	45
21	1.752			7.4	8.3					8.8								1.66	5900	68000	6.1	3000	2180	410							31.5			
22	1.772			7.4														1.76	4120	55000	6.1	2830	2050	440					0.476		94.5			
23	2.010			7.4														2.08	3630	48000	6.7	2660	1960	400							44.1			
24	2.182																	2.17													6.3			
25	1.224																	1.4																
26	3.859											21		2	96		3	1.95		50000											18.9	1.09	0.06	8
27	1.695			7.4	8.3					8.2		215		2	94		3	1.72	6000	46000	5.5	2890	2150	410							81.9	1.05	0.06	3
28	1.819			7.3	8.2					9.1		233		2	110		3	1.95	4510	53000	5.9	3530	2760	400							63	1.00	0.06	18
29	1.499			7.4	8.4					8.6								1.66	4490	53000	5.8	2870	2110	450					0.814		12.6			
30	1.942			7.4														2.18	4020	42000	6.6	2600	1880	400							81.9			
31	1.477																	1.6													37.8			
Tot.	78.44																	59.7													1512			
Avg.	2.530			7.5	8.1					8.4		134		3	67		3	1.926	5615		6.238	2975	2198	407.1					0.823		52.12	0.54	0.09	27

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

24099	8365	13435		
FLOW	CBOD	TSS	OPERATOR	CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE