MSD

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

January 26, 2009

Ms Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

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

Dear Ms Bentley

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

Phosphorus violation for max weekly avg. Due to low feed rate of sodium acuminate.
Feed rate has been adjusted, plant back in compliance.

If you have any questions concerning the attached DMR's, please contact me at (502)241-9093.

Sincerely,

D.J. Rheinlaender
Process Supervisor, East Region

DJR/ Floyds Fork 1208

Enclosures

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

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
FROM YEAR 00 MO 12 DAY 01 TO YEAR 00 MO 12 DAY 31

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

Form Approved.
OMB No. 2040-0004

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	******	******		9.3	******	******	(19)	0	3/7	Grab
	PERMIT REQUIREMENT	******	******	*** ****	/ INST MIN	******	******	MG/L		AREE/ WEEK	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.8	******	8.2	(12)	0	3/7	Grab
	PERMIT REQUIREMENT	******	******	*** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		AREE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 8 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	4414	4972	(26)	******	251	331	(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		AREE/ WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	39	52	(26)	******	7	12	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	813 MO AVG	1220 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		AREE/ WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 8 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	314	336	(26)	******	17	20	(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		AREE/ WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	16	44	(26)	******	1	3	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	136 MO AVG	203 MX WK AV	LBS/DY	******	5 MO AVG	7.5 MX WK AV	MG/L		AREE/ WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1	1.4	(19)	1	3/7	Comp
	PERMIT REQUIREMENT	******	******	*** ****	******	1.0 MO AVG	1.5 MX WK AV	MG/L		AREE/ WEEK	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec Dir H. J. Schlaudin	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 541-6000	YEAR 09	MO 01	DAY 26
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Phosphorus violation See cover letter

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)*

Form Approved.
OMB No. 2040-0004

KY0102784	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	00	12	01	TO	00	12	31

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 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.49	6.86	(03)	******	******	******		0	5/W	5/W
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	3	4	(13)	0	3/7	Grab
	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		THREE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	2368	2598	(26)	******	63	232	(17)	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	45	77	(26)	******	3	5	(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-5 DAY, 20 DEG C, PERCENT REMVL 80091 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		95 %	******	******	(23)	0	1/31	Calc
	PERMIT REQUIREMENT	******	******	**** ****	85 MO MIN	******	******	PER- CENT		ONCE/ MONTH	CALCLD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		97 %	******	******	(23)	0	1/31	Calc
	PERMIT REQUIREMENT	******	******	**** ****	85 MO MIN	******	******	PER- CENT		ONCE/ MONTH	CALCLD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Ex 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.		502	456-4100	00	01	31
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)*

NAME OF TREATMENT PLANT FLOYDS FORK COUNTY JEFFERSON MONTH OF: December 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 GAL/DAY X 1000	RETURN MLSS x1000	WASTED GAL/DAY X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME 30 MIN.	SETTLED SLUDGE VOLUME 60 MIN.	RAW GALLONS X 1000	RAW % DRY SOLIDS	RAW % VOLATILE SOLIDS	HAULED % DRY SOLIDS	HAULED % VOLATILE SOLIDS	HAULED WITHDRAWN GALLONS X 1000	PHOSPHORUS, TOTAL (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
1	1.750			7.4								260		2	137		3	1.852	6.22	4100	7.2	3540	2610	360							504	1.86	0.22	3
2	1.680			7.3	8.1					10.8		487		2	232		8	1.75	6.7	4200	5.2	3440	2520	400							504	1.82	0.50	3
3	1.625			7.4	8.2					10.6		245		2	148		3	1.77	6.48	44	5.4	2810	2100	390							504	1.75	0.06	3
4	2.038			7.3	8.2					11.6								1.74	7.79	47	5.8	3360	2490	380					1.07		504			
5	1.835			7.3														1.98	5.74	41	7.3	3320	2460	350							504			
6	1.919																	1.81																
7	1.858																	1.82																
8	1.672			7.6								353		2	162		3	1.93	7.04	43	4.1	3490	2580	440							504	1.86	8.80	7
9	2.601			7.3	8.2					9.7		267		2	119		3	1.82	6.12	43	5.9	3390	2540	400							504	1.36	0.67	3
10	3.180			7.4	7.8					9.3		155		2	63		3	1.92	7.37	40	6	2290	2490	390					1.12		504	0.82	0.22	3
11	2.375			7.4	8.1					11.2								1.81	5.93	43	7.2	3420	2470	410							504			
12	2.116			7.4														1.9	5.31	41	8.2	3390	2530	420							504			
13	2.071																	1.96													189			
14	2.010																	1.67																
15	2.075			7.5								261		2	144		3	2.07	6.57	49	6.2	3360	2510	430							567	0.67	0.22	3
16	2.122			7.3	8.1					11.0		230		2	122		3	1.77	6.23	37	7.5	3380	2500	450							504	0.65	0.28	3
17	2.281			7.4	8.2					11.1		227		2	116		3	1.94	4.96	55	7.2	3390	2530	440					1.16		504	0.65	0.28	3
18	2.235			7.5	8.2					11.2								1.74	7.35	26	7.6	3380	2530	400							504			
19	2.893			7.5														2.12	5.18	41	6.7	3270	2520	400							504			
20	2.770																	1.68																
21	2.293																	1.88																
22	2.064			7.5								330		2	177		3	2	5.59	41	11.1	3510	2610	480								0.98	0.06	3
23	2.880			7.4	8.0					11.3								2.02	6.33	40	10.1	3610	2680	430					1.07		252			
24	6.855																	1.83													504			
25	4.235											73		2	71		3	2.06														0.68	0.22	3
26	2.872			7.4	8.0					11.5								2.1	8.29	57	7.4	3830	3090	500							756			
27	2.660																	1.54													504			
28	2.983											122		2	90		3	2.44														0.73	0.39	3
29	2.555			7.4	8.0					10.4								2.37	7.78	47	5.9	3990	3030	550							504			
30	2.338			7.5														1.81	6.89	51	7	3790	2920	550							504			
31	2.272			7.4														1.67	5.11	40	8	3600	2760	530							504			
Tot.	77.11																	58.77													11340			
Avg.	2.488			7.4	8.1					10.8		251		2	132		3	1.896	6.428	434.6	7	3408	2594	433.3					1.105		493	1.15	0.99	3

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

23691	16078	24780
FLOW	CBOD	TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE