MSD

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

December 22, 2008

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 November 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 November 2008.

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 1108

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)*

PERMIT NUMBER	DISCHARGE NUMBER
KY0102784	001 1

	MONITORING PERIOD					
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

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

JEFFE

Form Approved.
OMB No: 2040-0004

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	******	******		7.8	******	******	(19)	0	3/7	Grab
	PERMIT REQUIREMENT	******	******	******	7 INST MIN	******	******	MG/L		THREE/WEEK	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		8.1	******	8.3	(12)	0	3/7	Grab
	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9.0 MAXIMUM	SU		THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	3860.0	4673.0	(26)	******	274.0	322.0	(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
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	71.0	43.0	(26)	******	2.0	2.0	(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		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	272	291.0	(26)	******	19.0	23.0	(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
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.0	6.0	(26)	******	0.20	0.50	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	130 MO AVG	203 MX WK AV	LBS/DY	******	5 MO AVG	7.5 MX WK AV	MG/L		THREE/WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1.0	1.50	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	******	******	******	******	1.0 MO AVG	1.5 MX WK AV	MG/L		THREE/WEEK	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Exec Dir H. J. Schardein Jr	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]	502	540-6400	08	10	22
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

This is a 4-part form.

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

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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	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

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

JEFFC

Form Approved.
OMB No. 2040-0004

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 50050 1 0 0	SAMPLE MEASUREMENT	1.73	2.0	(03)	******	******	******		0	C/C	C/C
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	**** ****		CONTIN UOUS	CONTIN
COLIFORM, FECAL GENERAL 74055 1 0 0	SAMPLE MEASUREMENT	******	******		******	5.0	23.0	(13)	0	3/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		THREE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 G 0 0	SAMPLE MEASUREMENT	1843.0	2139.0	(26)	******	127.0	152.0	(19)	0	3/7	Comp
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 80082 1 0 0	SAMPLE MEASUREMENT	44.6	53.0	(26)	******	3.0	3.0	(19)	0	3/7	Comp
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 80091 K 0 0	SAMPLE MEASUREMENT	******	******		98%	******	******	(23)	0	1/30	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO MIN	******	******	PER- CENT		ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT	******	******		99.0%	******	******	(23)	0	1/30	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO MIN	******	******	PER- CENT		ONCE/ MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec Dir H.J. Schardein Jr	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]	502	540 6000	04	12	22
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: November 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			PHOSPHORUS, TOTAL (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
		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			
1	1.411																	1.868															
2	1.435											252		2	152		3	1.86														1.25	0.06	3
3	1.474			7.4	8.3					7.8		372		2	130		3	1.686	5180	41	6	3690	2550	400							50.4	1.34	0.06	3
4	1.429			7.4	8.3					8.8		311		2	96		3	1.729	6280	25	6.2	3680	2550	390							50.4	1.05	0.06	3
5	1.402			7.4	8.3					10.4								1.47	5770	40	6.2	3430	2390	390							50.4			
6	1.572			7.5														1.54	5270	40	8.1	3410	2360	350					1.11		50.4			
7	1.501			7.5														1.59	5320	40	7.2	3600	2530	350							50.4			
8	1.557																	1.43																
9	1.665											331		2	156		3	1.52														0.78	0.06	3
10	1.460			7.4	8.3					9.7		364		2	167		3	1.42	4850	42	8.2	3430	2390	350							50.4	0.72	0.06	3
11	1.412			7.4	8.3					10.2		271		2	132		3	1.25	7610	42	3.2	3470	2410	350							50.4	0.80	1.40	1400
12	1.462			7.5	8.3					9.9								1.32	6330	42	0.8	3380	2370	350							50.4			
13	1.743			7.6														1.51	5030	35	7.6	3250	2370	340					1.19		50.4			
14	1.654			7.7														1.7	4890		7.4	3250	2370	340							50.4			
15	2.613																	1.46																
16	2.638											182		3	104		3	1.25														1.00	0.22	3
17	1.944			7.4	8.2					10.0		240		2	126		3	1.66	7360	40	7.4	3790	2740	350							50.4	1.00	0.11	3
18	1.825			7.4	8.2					9.7		251		2	147		3	1.62	7780	40	6.2	3840	2750	350							50.4	1.00	0.06	3
19	1.665			7.5	8.3					10.0								1.7	6400	40	6.6	3530	2500	360							50.4			
20	1.691			7.5														1.88	4590	42	7.2	3360	2370	350					1.07		50.4			
21	1.599			7.5														2.09	7260	39	8	3460	2440	350							50.4			
22	1.738																	1.55																
23	1.718											334		2	160		3	1.82														1.53	0.17	8
24	1.690			7.5	8.2					10.5		197		2	89		3	1.6	8130	43	6.1	3610	2630	350							50.4	1.55	0.06	3
25	2.250			7.4	8.1					10.4		188		2	90		3	1.86	7340	41	7	3520	2530	350							50.4	1.43	0.06	3
26	1.990			7.3	8.2					10.3								1.61	7360	40	6.8	3390	2420	350							50.4			
27	1.919																	1.99		41									1.26					
28	1.739																	1.69													50.4			
29	1.806																	1.82													50.4			
30	1.914																	1.85																
31																																		
Tot.	51.92																	49.34													1008			
Avg.	1.731			7.5	8.3					9.8		274		2	129		3	1.645	6264	39.61	6.456	3505	2482	356.7					1.158		50.4	1.12	0.20	5

RESIOENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

16481	10959	18860
FLOW	CBOD	TSS

OPERATOR CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE