



MSD

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

February 25, 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 January 2008.

Dear Ms. Thurman:

Attached is the Discharge Monitoring Report (DMR) For the Floyds Fork wastewater treatment plant for the month of January 2008.

During the Month of January we exceeded our Max Wk limit for fecal, This was due to a local rain event and high flow.

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 0108

Enclosures

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



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

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

NAME MSD FLOYDS FORK STP
 ADDRESS C/D CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD FLOYDS FORK STP
 LOCATION LOUISVILLE KY 40245
 ATTN: DENNIS THOMASSON, SR. METRO DPS

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

KY0102784
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT
 *** NO DISCHARGE 1 1 ***

JEFFE

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

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)	00300 1 0 0	*****	*****		7.4	*****	*****	(19)	0	3/7	Grab
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	***	7 INST MIN	*****	*****	MG/L		HREE/	GRAB WEEK
OXYGEN, DISSOLVED (DO)	00400 1 0 0	*****	*****		7.9	*****	8.2	(12)	0	3/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		HREE/	GRAB WEEK
SOLIDS, TOTAL SUSPENDED	00530 6 0 0	2786	3591	(26)	*****	163.0	173.0	(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		HREE/	COMPOS WEEK
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	84	121	(26)	*****	4.8	6.0	(19)	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	813 MO AVG	1220 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		HREE/	COMPOS WEEK
NITROGEN, AMMONIA TOTAL (AS N)	00610 6 0 0	237	259	(26)	*****	14.0	18.0	(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		HREE/	COMPOS WEEK
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	3.5	11.6	(26)	*****	0.14	0.39	(19)	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	136 MO AVG	203 MX WK AV	LBS/DY	*****	5 MO AVG	7.5 MX WK AV	MG/L		HREE/	COMPOS WEEK
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	1.0	0.86	(19)	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	1.0 MO AVG	1.5 MX WK AV	MG/L		HREE/	COMPOS WEEK

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.J. Schaefer
 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 402 241-9093
 DATE 08 02 21
 AREA CODE NUMBER YEAR MO DAY

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

FACILITY MSD FLOYDS FORK STP
 LOCATION LOUISVILLE

ATTN: DENNIS THOMASSON, SR METRO OPS

KY 40211

KY 40245

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

KV0102784
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL

MUNICIPAL DISCHARGE EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

JEFFE

Form Approved.
 OMB No. 2040-0004

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

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	2.08	4.18	(03)	*****	*****	*****			0	4/2	4/2
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		CONTIN	CONTIN
COLIFORM, FECAL GENERAL	*****	*****			*****	19	631	(13)	1	3/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		THREE/	GRAB
						30DA GED	70DA GED	100ML		WEEK	
BOD, CARBONACEOUS 05 DAY, 20C	1398	1616	(26)	*****	*****	85	116	(19)	0	3/7	Comp
80082 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		THREE/	SAMPLE
										WEEK	
BOD, CARBONACEOUS 05 DAY, 20C	52	74	(26)	*****	*****	3.0	3.0	(19)	0	3/7	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	271	407	LBS/DY	*****	10	15	MG/L		THREE/	SAMPLE
		MD AVG	MX WK AV			MD AVG	MX WK AV			WEEK	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	*****	*****			96.5%	*****	*****	(23)	0	1/31	Cal
80091 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-		ONCE/	CALCTD
					MD MIN			CENT		MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****			96.9%	*****	*****	(23)	0	1/31	Cal
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-		ONCE/	CALCTD
					MD MIN			CENT		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.J. Schadein
 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 241-9693
 DATE 08 02 21
 AREA CODE NUMBER YEAR MO DAY

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

NAME OF TREATMENT PLANT FLOYDS FORK
 KPDES PERMIT NUMBER KY0102784

COUNTY JEFFERSON
 PLANT CAPACITY 3.5 MGD

MONTH OF: January 2008
 RECEIVING STREAM FLOYDS FORK

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH		SETTLABLE 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	GAL/DAY X 1000	MLSS X 1000	WASTED GAL/DAY X 1000	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)		
																								30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000					
1	1.637										162	4	138			3	1.786		2															0.54	0.06	3
2	1.819			7.4	8.1				7.4		160	6	113			3	2.53	6.98	32	7	3.94	2.82	310									12.6	0.56	0.06	3	
3	1.549			7.4	8.1				8.6		149	9	97			3	1.92	9.24	35	7.1	3.98	2.86	320										0.50	0.06	3	
4	1.434			7.4	8.0				7.5								1.99	7.99	74	7	3.86	3.86	300										31.5			
5	2.017																1.86																6.3			
6	1.871																1.71																25.2			
7	1.847			7.5													1.92	5.83	36	7.1	4.03	2.97	330										63			
8	2.294			7.5							166	4	88			3	2.08	5.98	32	6.3	3.99	2.9	310									81	0.54	0.06	239	
9	2.357			7.3	8.1				9.6		156	4	64			3	2.1	3.11	10	6.6	1.59	1.15	150									50.4	0.54	0.34	97	
10	4.179			7.4	8.2				10.3		130	6	49			3	2.1	2.25		7.3	0.092	0.071	100										0.52	0.78	10843	
11	3.294			7.3	7.9				9.8								2.21	6.29		5.4	2.27	1.67	150									6.3				
12	2.197																1.86																			
13	2.434																2.11																			
14	3.002			7.6													2.09	6.17		8.1	2.59	1.91	200													
15	2.163			7.5							206	5	82			3	2.48	3.47		6.4	2.75	2.04	200									18.9	0.35	0.06	3	
16	1.917			7.4	8.1				9.4		164	3	73			3	2	5.71	28	6.2	3.08	2.25	230									6.3	0.33	0.06	5	
17	1.958			7.5	8.2				10.1		148	4	43			3	2	6.4	31	6.6	3.09	2.27	240										37.5	0.45	0.06	3
18	1.822			7.3	8.0				10.2								1.89	5.91	37	6.5	3.2	2.32	250													
19	2.230																2.1																			
20	1.775																1.75																44.1			
21	1.500																1.61																31.5			
22	1.928			7.5							200	4	126			3	1.92	6.5	40	7.2	3.89	2.93	350									31.5	1.15	0.08	30	
23	1.661			7.4	8.1				9.4		132	5	68			3	1.78	7.26	19	5.6	4.22	3.22	350									0.097	31.5	0.77	0.06	80
24	1.483			7.5	8.0				9.6		186	4	78			3	1.64	7.64	30	5.9	4.02	2.99	350										25.2	0.66	0.06	3
25	1.717			7.4	8.2				9.8								2.01	7.55	37	5.8	4.26	3.23	360													
26	1.834																1.84																			
27	1.509																1.5																44.1			
28	1.591			7.4													1.89	6.53	40	6	4.59	3.4	400										37.8			
29	2.545			7.5													2.07	6.75	50	6.4	4.4	3.23	390										69.3			
30	2.213			7.5													1.94	8.75	38	6.7	4.5	3.31	390										63			
31	2.793			7.5													1.95	7.14	36	6.6	4.37	3.3	400									1.01	88.2			
Tot.	64.57																60.64																	805.2		
Avg.	2.083			7.4	8.1				9.3		163	5	85			3	1.956	6.326	33.72	6.562	3.461	2.605	289.5									0.842	38.34	0.58	0.14	19

RESIDENTIAL
 COMMERCIAL
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
 19837 FLOW
 8677 CBOD
 13504 TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS
 SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE