



**MSD**

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

April 23, 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 March 2009.

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 March 2009.

Also Attached is the discharge reports for February.

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 0309

Enclosures

cc: C. Roth (DOW Louisville)  
T. Singleton  
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/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

KYO102784  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

MAJOR (SUBR LV)  
 F - FINAL  
 MUNICIPAL DISCHARGE  
 EFFLUENT

JEFFI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

FROM

TO

\*\*\* NO DISCHARGE 1 \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
OXYGEN, DISSOLVED (DO)		*****	*****			*****	*****	( 19 )		3/4	GRAB		
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	10.6	*****	*****	7		THREE/ WEEK	GRAB		
PH		*****	*****			*****	*****	( 12 )		3/4	GRAB		
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	7.4	*****	*****	6.0		THREE/ WEEK	GRAB		
SOLIDS, TOTAL SUSPENDED				( 26 )	*****			( 19 )		3/4	COMPOS		
00530 3 0 0 RAW SEW/INFLUENT		REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MD AVG		THREE/ WEEK	COMPOS		
SOLIDS, TOTAL SUSPENDED				( 26 )	*****			( 19 )		3/4	COMPOS		
00530 1 0 0 EFFLUENT GROSS VALUE		813	1230	LBS/DY	*****	30	45	MD AVG		THREE/ WEEK	COMPOS		
NITROGEN, AMMONIA TOTAL (AS N)				( 36 )	*****			( 19 )		3/4	COMPOS		
00610 2 0 0 RAW SEW/INFLUENT		REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MD AVG		THREE/ WEEK	COMPOS		
NITROGEN, AMMONIA TOTAL (AS N)				( 36 )	*****			( 19 )		3/4	COMPOS		
00610 1 2 0 EFFLUENT GROSS VALUE		136	203	LBS/DY	*****	5	7.5	MD AVG		THREE/ WEEK	COMPOS		
PHOSPHORUS, TOTAL (AS P)				( 19 )	*****			( 19 )		3/4	COMPOS		
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	1.0	1.5	MD AVG		THREE/ WEEK	COMPOS		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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			
TYPED OR PRINTED									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 MSO FLOYDS FORK STP  
 ADDRESS 270 CEDAR CREEK STP  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY MSO FLOYDS FORK STP  
 LOCATION LOUISVILLE KY 40245  
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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 \*\*\*  
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	03	01		07	03	31

PARAMETER	X	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				( CG )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		2.95	2.24		*****	*****	*****	****		CONTIN	CONTIN
COLIFORM, FECAL GENERAL		*****	*****		*****			( 13 )			
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400	*/		THREE /	DRAB
800 05 DAY, 200						300A 900	7 0A 900	100ML		WEEK	
80082 0 0 0 RAW SEW/INFLUENT		1313	114	( 26 )	*****	75		( 19 )		THREE /	COMPOS
80082 0 0 0 RAW SEW/INFLUENT		REPORT	REPORT		*****	REPORT	REPORT			WEEK	
80082 1 0 0 EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
80082 1 0 0 EFFLUENT GROSS VALUE		271	407	( 26 )	*****	10	15			THREE /	COMPOS
80082 1 0 0 EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
80091 0 0 0 PERCENT REMOVAL		*****	*****			*****	*****	( 23 )			
80091 0 0 0 PERCENT REMOVAL		*****	*****	****	85	*****	*****	PER-		ONCE /	CALCUL
80091 0 0 0 PERCENT REMOVAL		*****	*****	****	MD MIN	*****	*****	CENT		MONTH	
81011 0 0 0 PERCENT REMOVAL		*****	*****	****	85	*****	*****	PER-		ONCE /	CALCUL
81011 0 0 0 PERCENT REMOVAL		*****	*****	****	MD MIN	*****	*****	CENT		MONTH	
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  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

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

NAME MSD FLOYDS FORK STP  
ADDRESS C/O CEDAR CREEK STP  
2405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY MSD FLOYDS FORK STP  
LOCATION LOUISVILLE KY 40245  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0102784  
PERMIT NUMBER

001 Y  
DISCHARGE NUMBER

MAJOR (SUBR LVA)  
F - FINAL JETFE  
QUARTERLY METALS/SIGMONITORING  
EFFLUENT  
\*\*\* NO DISCHARGE [ ] \*\*\*  
NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	03	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	477	447	(19)		1/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	
ZINC TOTAL RECOVERABLE 01094 3 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	144	144	(19)		1/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	1.00	1.00	(19)		1/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WTRLY	COMPOS
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	1.00	1.00	(19)		1/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	
COFFER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	1.00	1.00	(19)		1/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS 61406 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	1.00	(20)		1/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.00 CHRONIC DAILY MX TOXCTY			WTRLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Dennis Thomasson, Sr*  
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  
*Dennis Thomasson, Sr*

TELEPHONE  
DATE  
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: March 2009  
 KPDES PERMIT NUMBER KY0102784 PLANT CAPACITY 3.5 MGD RECEIVING STREAM FLOYDS FORK

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		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	RETURN		WASTED	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) x 1000	30 MIN.	60 MIN.	RAW			HAULED		PHOSPHORUS, TOTAL (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COL ONIES/100ML)			
																		GAL/DAY X 1000	MLSS X 1000							GAL/DAY X 1000	GALLONS X 1000	1/2 DRY SOLIDS	1/2 VOLATILE SOLIDS	1/2 DRY SOLIDS				1/2 VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000	
																																				1/2 DRY SOLIDS
1	2.876										117		2	50		3	1.757			10.1	3110	2520	790										50.4	1.19	0.06	71
2	2.405			7.5	8.1						14.1		2	42		3	1.81	6600	4800	11.1	3060	2460	700										50.4	1.22	0.06	30
3	2.279			7.5	8.1						14.2		2	46		3	1.9	5370	5200	11.1	3060	2460	700										50.4			
4	2.157			7.5	8.1						13.0						1.59	5270	3800	9.8	2990	2390	740										50.4			
5	2.260			7.6													1.92	4350		8.2	2930	2320	600						1			50.4				
6	2.193			7.6													1.93	4780		8.1	3150	2530	600									50.4				
7	2.228																1.92																			
8	2.227										142		3	66		3	1.79																	1.08	0.55	31
9	2.104			7.5	7.4						10.4		2	63		3	1.88	5540	4200	8.4	3390	2730	630									37.8	0.95	0.06	10	
10	1.995			7.5	8.2						10.1		3	68		3	1.81	7150	4100	6.2	3130	2540	580									37.8	0.92	0.06	7	
11	2.220			7.5	8.2						10.6						1.63	5940	4500	6.8	3140	2520	610									50.4				
12	2.169			7.5													1.75	6120	4300	7.4	3080	2470	600					0.933				50.4				
13	2.004			7.6													1.83	4320	4000	7.7	3010	2410	600									63				
14	2.235																1.87																			
15	2.272										143		2	85		3	1.88																	1.01	0.06	3
16	2.073			7.5	8.1						10.1		2	54		3	1.78	5970	4100	7	3350	2680	610									50.4	1.29	0.06	10	
17	1.927			7.5	8.1						10.1		2	62		3	1.82	5890	4300	7.2	3290	2610	600									50.4	1.30	0.50	10	
18	2.001			7.5	8.1						10.3						1.79	5790		6.5	3540	2840	590									50.4				
19	2.188			7.6													1.91	5440	4300	6.6	3320	2640	550					0.92				50.4				
20	2.009			7.5													1.92	4520	4200	7.4	3330	2610	610									50.4				
21	2.079																1.89																			
22	2.089										140		2	67		3	2.05																0.90	0.06	13	
23	1.952			7.3	8.1						10.5		2	57		3	1.95	5610	4000	6.6	3410	2710	650									50.4	0.62	0.06	3	
24	1.900			7.5	8.3						10.5		2	236		3	1.96	5350	4200	7.4	3280	2540	610									50.4	0.33	0.06	5	
25	2.418			7.5	8.2						10.0						1.68	7230	3900	6	3300	2570	600									50.4				
26	2.471			7.6													1.78	5750	4500	6.5	3230	2480	600					0.95				50.4				
27	2.187			7.5													2.09	5000	4100		3190	2520	640									50.4				
28	2.375																1.74																			
29	3.138																1.83																			
30	2.366			7.7													1.82	5600	5100	7.6	3430	2630	700									50.4				
31	2.243			7.5													1.78	5330	4200	7.1	3400	2590	600									50.4				
Tot.	69.04																56.96																1096			
Avg.	2.227			7.5	8.1						11.2		2	75		3	1.837	5587	4305	7.605	3230	2560	627.7						0.951		49.83	0.99	0.13	11		

RESIDENTIAL 21210 FLOW  
 COMMERCIAL 8158 CBOD  
 INDUSTRIAL 11461 TSS

OPERATOR \_\_\_\_\_ CERT. NO. \_\_\_\_\_

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

PLANT TELEPHONE \_\_\_\_\_