



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

October 22, 2009

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

RE: Floyds Fork WQTC, KPDES No: KY0102784  
Discharge Monitoring Report for September 2009.

Dear Ms Bentley

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operator Report (MOR) for the Floyds Fork WQTC for the month of September 2009.

Included are the third Quarter Biomonitoring Reports.

If you have any questions concerning the attached DMR's, please contact me at (502)587-5856.

Sincerely,

D.J. Rheinlaender  
Process Supervisor, East Region

DJR/ Floyds Fork 0909

Enclosures

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



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

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

MAJOR  
(SUBR LV)  
F - FINAL  
MUNICIPAL DISCHARGE  
EFFLUENT

JEFFE

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

NOTE: Read Instructions before completing this form.

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

NAME: FLOYDS FORK WQTC MSD  
ADDRESS: C/O CEDAR CREEK WQTC  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY: FLOYDS FORK WQTC MSD  
LOCATION: LOUISVILLE KY 40245  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0102784  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	07	01		07	07	30

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)	*****	*****	*****	*****	7	*****	*****	( 19)	0	3/7	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	MG/L		FREE/UNPLS WEEK	
PH	*****	*****	*****	*****	7.9	*****	8.3	( 12)	0	3/7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		FREE/UNPLS WEEK	
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	*****	*****	( 19)	0	3/7	CP
00500 9 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	*****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE/UNPLS WEEK	
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	*****	*****	( 19)	0	3/7	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	813 MO AVG	1220 MX WK AV	*****	*****	30 MO AVG	45 MX WK AV	MG/L		FREE/UNPLS WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	*****	*****	( 19)	0	3/7	CP
00610 9 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	*****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE/UNPLS WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	*****	*****	( 19)	0	3/7	CP
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	54 MO AVG	81 MX WK AV	*****	*****	2 MO AVG	3 MX WK AV	MG/L		FREE/UNPLS WEEK	
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	*****	*****	( 19)	0	3/7	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MO AVG	1.5 MX WK AV	MG/L		FREE/UNPLS WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Exec Dir*  
*H. J. Schindler 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]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 501-546-6000  
DATE: 09 10 19  
AREA CODE NUMBER YEAR MO DAY

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

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

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

NAME FLOYDS FORK WQTC MBD  
ADDRESS C/O CEDAR CREEK WQTC  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY FLOYDS FORK WQTC MBD  
LOCATION LOUISVILLE KY 40245  
ATTN DENNIS THOMASSON, SR METRO OPS

KY0102784  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MAJOR (SUBR LV)  
F - FINAL  
MUNICIPAL DISCHARGE  
EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

FROM

TO

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

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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	2.36	4.80	( 03 )	*****	*****	*****				0	C/W C/W
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO AVG	DAILY MX	MGD	*****	*****	*****	***			CONTINUOUS
COLIFORM, FECAL GENERAL	*****	*****		*****	7	10	( 18 )			0	3/7 BR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	200	400	100ML				FREE/WK
30D. CARBONACEOUS 5 DAY, 20C	1368	1547	( 26 )	*****	81	99	( 19 )			0	3/7 CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	NO AVG	MX WK AV	BS/DY	REPORT	REPORT	MG/L				FREE/WK
30D. CARBONACEOUS 5 DAY, 20C	36	45	( 26 )	*****	2	2	( 19 )			0	3/7 CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	271	407	BS/DY	10	15	MG/L				FREE/WK
30D. CARB-5 DAY, 20C	*****	*****		*****	98		( 23 )			0	1/30 CA
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	PERCENT				ONCE/MO
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****		*****	99		( 23 )			0	1/30 CA
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	85	*****	PERCENT				ONCE/MO
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
EXCPT DIR  
H. J. Schardin Jr  
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	541-6000	09	10	19

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

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

MAJOR (SUBR LV)  
F - FINAL  
QUARTERLY METALS/BIDMONITORING EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read Instructions before completing this form.

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

NAME FLOYDE FORK WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY FLOYDE FORK WQTC MSD  
LOCATION LOUISVILLE KY 40245  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0102784  
PERMIT NUMBER

001 Y  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

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	*****	*****	*****	*****	*****	288	288	( 17 )	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
ZINC TOTAL RECOVERABLE 01098 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.0296	0.0296	( 17 )	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.002	0.002	( 17 )	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<0.004	<0.004	( 17 )	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.018	0.018	( 17 )	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS 01406 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	< 1.00	( 20 )	0	1/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.00 CHRONC DAILY MX TOXCT			ONCE / MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
EXCPT Dir  
H. J. Schudwin Jr  
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
414 546 4100  
DATE  
07 10 19

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: September 2009  
 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		WASTE	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLVSS (mg/L) X 1000	30 MIN.	60 MIN.	GALLONS X 1000	RAW		HAULED		PHOSPHORUS, TOTAL (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)		
																		GAL/DAY X 1000	MLSS X 1000								GAL/DAY X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS				% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000
1	1.757			7.5							202		2	89		2	2.053	7650	4300	5.3	3180	2000	300								5670	0.13	0.34	4	
2	1.832			7.4	8.1					8.3	255		2	122		3	1.95	6120	4500	5.6	3530	2250	300								3780	0.16	0.06	36	
3	1.884			7.4	8.2					8.5	164		2	85		2	1.9	5550	4700	5.3	3650	2390	300							0.826	5670	0.15	0.06	7	
4	1.779			7.2	8.0					8.4							1.39	5680	4000	6	3570	2290	300								5615				
5	1.861																2.24															6300			
6	2.048																1.8																		
7	2.585																2.06	6200	4500	6.2	4001	2610	350								5040	0.24	0.06	10	
8	2.311			7.5							188		2	75		2	1.88	6450	4400	6.2	3420	1910	350							4410	0.23	0.06	12		
9	2.043			7.4	7.9					8.3	187		2	88		2	1.77	7710	5100	5.5	3790	2440	350						0.76	5640	0.24	0.06	4		
10	1.957			7.4	7.9					7.6	273		2	104			2.08	6410	4400	5.1	3790	2440	340							5615					
11	1.859			7.9	8.0					7.3						1.52															1260				
12	1.963															1.46																			
13	2.003															1.68	6420		5.1	4030	2600	320								5540					
14	1.832			7.6												2	1.63	5610	4000	5.4	4110	2630	360							5040	0.21	0.06	4		
15	1.790			7.8							194		1	99		2	1.65	6220	4000	6.4	3820	2480	350							1560	0.19	0.06	4		
16	1.776			7.9	8.2					9.7	166		2	78		2	1.75	5810	4000	5.2	3790	2540	360							7430	0.17	0.06	4		
17	1.760			7.7	7.9					8.0	245		2	120			1.58	6960	4000	5.4		2440	350						4520						
18	1.774			7.6	8.0					8.2						1.91														2410					
19	1.840															1.64																			
20	2.925															1.62	11.13	5100	3.1	3680	2450	350								4410					
21	4.802			7.9							79		2	36		2	1.75	8030	5500	5.3	4100	2630	450							5670	0.07	0.06	3		
22	2.761			7.8							108		2	45		2	1.82	8790	4900	5	4450	2910	400							5040	0.07	0.50	26		
23	2.577			7.8	8.3					7.8	110		2	48		2	1.56	9580	4300	5.1	4460	2950	390					1.33	5040	0.07	0.50	3			
24	2.694			7.8	8.2					7.5						1.66	9170	4100	5.3	4270	2800	360								9820					
25	3.421			7.8	8.2					7.9						2.03															2520				
26	3.119															1.78	9020	4600	4.3	4460	2860	440								4520					
27	4.279															1.74	7900	5500	5.1	4080	2630	440								5040					
28	2.820			7.9												1.73	6680	4000	4.5	3940	2510	400													
29	2.449			8.0																															
30	2.339			8.0																															
31																																			
Tot.	70.84															53.38																			
Avg.	2.361			7.7	8.1					8.1	181		2	82		2	1.779	6751	4500	5.257	3906	2512	360							1.012	4904	0.16	0.15	7	

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

RESIDENTIAL  
 COMMERCIAL  
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT  
 FLOW 22489 CBOD 9547 TSS 16966

michael carter sr  
 OPERATOR

6173  
 CERT. NO.

502-587-5867  
 PLANT TELEPHONE