



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

July 22, 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 June 2009.

Dear Ms Bentley

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

Also included is the 2nd quarter Biomonitoring DMR.

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

Sincerely,

A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", is written over a large, stylized graphic element that resembles a leaf or a drop.

D.J. Rheinlaender
Process Supervisor, East Region

DJR/ Floyds Fork 0609

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 THOMASSEN, SR METRO OPS

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

KY0102784
 PERMIT NUMBER

DOT 1
 DISCHARGE NUMBER

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

JEFFE

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	05

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) 00000 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	5	*****	*****	(17)	0	3/7	AR
PERMIT REQUIREMENT	*****	*****	*****	*****	INST MIN	*****	*****	MG/L			FREE/GRAB WEEK
PH 00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7.9	*****	*****	(12)	0	3/7	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 MINIMUM	*****	*****	50			FREE/GRAB WEEK
SOLIDS, TOTAL SUSPENDED 00500 0 0 0 RAW SEW/INFLUENT	*****	*****	*****	*****	*****	*****	*****	(26)	0	3/7	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT MX WK AV	REPORT MX WK AV	MG/L			FREE/GRAB WEEK
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	4	*****	*****	(26)	0	3/7	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	813 MO AVG	1220 MX WK AV	*****	30 45			FREE/GRAB WEEK
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	*****	*****	*****	*****	*****	*****	*****	(26)	0	3/7	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT MX WK AV	REPORT MX WK AV	MG/L			FREE/GRAB WEEK
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	2	*****	*****	(26)	0	3/7	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	54 MO AVG	81 MX WK AV	*****	2 3			FREE/GRAB WEEK
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	(17)	0	3/7	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	1.0 1.5			FREE/GRAB WEEK

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 [Signature]
 H. J. [Signature]
 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: 502 546 6666
 DATE: 07 05 07

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

NAME MSD FLOYDS FORK STP
ADDRESS C/O CEDAR CREEK STP
3405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD FLOYDS FORK STP
LOCATION LOUISVILLE KY 40245
ATTN DENNIS THOMASSEN BR METRO OPS

WY0102/84
PERMIT NUMBER

001 1
DISCHARGE NUMBER

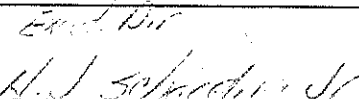
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	05	01		09	05	02

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

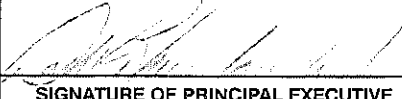
JEFFRE

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	2.14	4.14	(MG)	*****	*****	*****					
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	*****	*****					
PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD	*****	*****	*****					
COLOR FORM. FECAL GENERAL	*****	*****		*****							
EFFLUENT GROSS VALUE	*****	*****		*****	4	4					
PERMIT REQUIREMENT	*****	*****	***	*****	200	400					
BOD, CARBONACEOUS 5 DAY, 20C	1197	1304	(25)	*****							
RAW SEW/INFLUENT	REPORT	REPORT		*****	REPORT	REPORT					
PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L				
BOD, CARBONACEOUS 5 DAY, 20C	65	76	(25)	*****							
EFFLUENT GROSS VALUE	271	407		*****	10	15					
PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L				
BOD, CARB-5 DAY, 20 DEG C. PERCENT REMOVAL	*****	*****		*****	95						
PERCENT REMOVAL	*****	*****	***	*****	MO MIN						
PERMIT REQUIREMENT	*****	*****	***	*****	MO MIN						
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****		*****	99						
PERCENT REMOVAL	*****	*****	***	*****	MO MIN						
PERMIT REQUIREMENT	*****	*****	***	*****	MO MIN						

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 M&D FLOYDS FORK STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY M&D FLOYDS FORK STP
LOCATION LOUISVILLE KY 40245
ATTN DENNIS THOMASSON, SR METRO OPS

RY0102/84
PERMIT NUMBER

001 Y
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01		07	06	01

MAJOR (SUBR LV)
F - FINAL
QUARTERLY METALS/BIO-MONITORING EFFLUENT
*** NO DISCHARGE ***

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			
HARDNESS TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	2.64 REPORT MG AVG	2.64 REPORT DAILY MX	1.17	1	1/26	CP
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.0149 REPORT MG AVG	0.0149 REPORT DAILY MX	1.17	1	1/26	CP
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	50.001 REPORT MG AVG	50.001 REPORT DAILY MX	1.17	6	1/26	CP
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.005 REPORT MG AVG	0.005 REPORT DAILY MX	1.17	6	1/26	CP
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	50.002 REPORT MG AVG	50.002 REPORT DAILY MX	1.17	6	1/26	CP
TOXICITY, FINAL CONC TOXICITY UNITS 01406 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.00 CHRONC DAILY MX TOXCTY	1.29	6	1/26	CP
	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.

Dennis Thomasson, Sr
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 OF TREATMENT PLANT FLOYDS FORK

COUNTY JEFFERSON

MONTH OF: June 2009

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	GAL/DAY X 1000	MLSS X 1000	GAL/DAY X 1000	MAST ED	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	1.877			7.6									228		2	94	3	1.911	6670	47	3.9	3680	2630	650									504	0.12	0.06	4		
2	1.802			7.5	8.2								9.1		2	83	3	1.8	6270	57	3.6	4040	2900	610									567	0.12	0.39	4		
3	1.882			7.5	8.2								8.6		2	76	3	1.86	6560	36	4.2	3870	2800	650									504	0.13	0.06	4		
4	2.144			7.4	7.9								8.7					1.67	6320	42	5.1	3620	2600	660					1.2				504					
5	2.106			7.6														1.86	5460	46	5.2	3170	2260	690									504					
6	2.088																	1.89																239				
7	2.018																	1.49																				
8	1.850			7.6									152		2	63	3	1.79	7410	64	5.2	3770	2690	600									504	0.22	0.06	4		
9	1.781			7.5	8.2								7.9		2	58	3	2.91	7260	40	4.4	3850	2800	650									504	0.21	0.06	4		
10	2.558			7.6	8.3								8.4		2	58	3	1.41	7110	53	4.4	3750	2760	600									504	0.18	0.06	4		
11	3.278			7.5	8.3								8.1					1.83	7240	41	4.6	3880	2780	600									504					
12	3.832			7.7														2.23	8350	50	5.2	3630	2600	560					1.2				504					
13	2.793																	2.01																	252			
14	2.925																	2.05																				
15	3.021			7.6									105		2	42	3	1.92	5990	46	5.2	3880	2730	640									504	0.06	0.06	4		
16	3.018			7.5	8.2								8.9		2	44	3	1.89	7680	47	5.4	4440	3290	650									504	0.10	0.06	4		
17	3.091			7.6	8.2								8.1		2	42	3	1.9	7600	43	5.1	4210	3070	550									504	0.13	0.06	4		
18	4.038			7.5	8.1								8.4					1.8	6860	44	5	3600	2540	550					1.28				504					
19	3.498			7.5														2.07	7740	42	5.9	3800	2670	530									504					
20	3.077																	1.8																	252			
21	2.759																	1.85																	252			
22	2.934			7.5									122		2			2.04	5080	43	5.4	3860	2680	550									504	0.08	0.06	4		
23	2.383			7.5	8.2								8.2		2			1.96	7190	47	4.4	3870	2690	580									504	0.08	0.06	4		
24	2.298			7.5	8.2								7.8		2			1.92	7230	42	5.2	3880	2710	500									504	0.09	0.06	4		
25	2.052			7.5	8.2								7.7					1.73	5160	44	4.4	3890	2720	500					1.23				504					
26	2.365			7.5														2.07	5620	42	4.4	3850	2520	480									504					
27	2.217																	1.97																				
28	2.275																	1.94																				
29	2.139			7.9														1.94	4860	43	5.4	3790	2600	500										790				
30	2.137			7.5														2.08	5130		5.9	3780	2650	500														
31																																						
Tot.	76.24																	57.59																	11676			
Avg.	2.541			7.6	8.2								8.3		2	62	3	1.92	6581	45.67	4.886	3823	2713	581.8								1.228	486.5	0.13	0.08	4		

RESIDENTIAL
COMMERCIAL
INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
24202 FLOW
7757 CBOD
14592 TSS

michael carter sr
OPERATOR

6173
CERT. NO.

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

502-587-5867
PLANT TELEPHONE