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

November 17, 2009

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

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

There were no exceedences , bypass reports or overflow reports for this month.

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 1009

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Locotion if Different)*
NAME FLOYDS FORK WDTC MSD
ADDRESS C/O CEDAR CREEK WDTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY FLOYDS FORK WDTC MSD
LOCATION LOUISVILLE KY 40245
ATTN: DENNIS THOMASSON, SR METRO DPS

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

KY0054836	UV1 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	17	10	01	TO	17	10	31

MAJOR
(SUBLV)
F - FINAL
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE ( ) ***

Form Approved.
OMB No. 2040-0004

JEFFS

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			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		9	*******	*******	(19) MG/L	0	3/7	GR
	PERMIT REQUIREMENT	*******	*******	**** ****	INST MIN	*******	*******			ONCE/ WEEK	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		8.0	*******	8.3	(12) SU	0	3/7	GR
	PERMIT REQUIREMENT	*******	*******	**** ****	6.4 MINIMUM	*******	7.0 MAXIMUM	SU		ONCE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	2722	3236	(26) LBS/DY	*******	115	124	(19) MG/L	0	3/7	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV	MG/L		ONCE/ WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	79	177	(26) LBS/DY	*******	3	7	(19) MG/L	0	3/7	CP
	PERMIT REQUIREMENT	813 MO AVG	1220 MX WK AV	LBS/DY	*******	30 MO AVG	45 MX WK AV	MG/L		ONCE/ WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	271	290	(26) LBS/DY	*******	12	14	(19) MG/L	0	3/7	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV	MG/L		ONCE/ WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4	6	(26) LBS/DY	*******	0.2	0.2	(19) MG/L	0	3/7	CP
	PERMIT REQUIREMENT	34 MO AVG	81 MX WK AV	LBS/DY	*******	2 MO AVG	3 MX WK AV	MG/L		ONCE/ WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	0.4	0.9	(19) MG/L	0	3/7	CP
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	1.0 MO AVG	1.3 MX WK AV	MG/L		ONCE/ WEEK	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec. VP H. E. Gilbertson 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 502	NUMBER 574 6000	YEAR 09	MO 11	DAY 17
TYPED OR PRINTED							

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME FLOYDS FORK WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8402 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY FLOYDS FORK WQTC MSD
LOCATION LOUISVILLE KY 40245
ATTN: DENNIS THOMASSON SR METRO DPB

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

KY0102764	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 09 MO 09 DAY 01 TO YEAR 09 MO 10 DAY 31

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

Form Approved.
OMB No. 2040-0004

JEFFE

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
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.37	7.13	(03) MGD	*******	*******	*******		0	C/W	C/N
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX		*******	*******	*******	*****		CONTINUOUS	CONTIN UOUS
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		*******	8	37	(13) #/ 100ML	0	3/7	GR
	PERMIT REQUIREMENT	*******	*******	***** *****	*******	200 30DA GEO	400 7 DA GEO			THREE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	1273	1523	(25) LBS/DY	*******	54	58	(19) MG/L	0	3/7	CP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV		*******	REPORT MO AVG	REPORT MX WK AV			THREE/ WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	57	87	(26) LBS/DY	*******	2	3	(19) MG/L	0	3/7	CP
	PERMIT REQUIREMENT	221 MO AVG	407 MX WK AV		*******	10 MO AVG	15 MX WK AV			THREE/ WEEK	COMPOS
BOD, CARB-S DAY, 20 DEG C, PERCENT REMVL 80091 1 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		96	*******	*******	(23) PER- CENT	0	1/31	CA
	PERMIT REQUIREMENT	*******	*******	***** *****	85 MO MIN	*******	*******			SINCE/ MONTH	CALCUL
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******		97	*******	*******	(23) PER- CENT	0	1/31	CA
	PERMIT REQUIREMENT	*******	*******	***** *****	85 MO MIN	*******	*******			SINCE/ MONTH	CALCUL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec. Dir	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	AREA CODE 502	NUMBER 456-6116	YEAR 09	MO 11	DAY 17
TYPED OR PRINTED							

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

NAME OF TREATMENT PLANT FLOYDS FORK COUNTY JEFFERSON MONTH OF: October 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	RETURN GAL/DAY X 1000	RETURN MLSS X1000	WASTED GAL/DAY X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME 30 MIN.	SETTLED SLUDGE VOLUME 60 MIN.	RAW GALLONS X 1000	RAW % DRY SOLIDS	RAW % VOLATILE SOLIDS	HAULED % DRY SOLIDS	HAULED % VOLATILE SOLIDS	HAULED (WITHDRAWN GALLONS X 1000)	PHOSPHORUS, TOTAL (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
1	2.340	5.1	5.1	7.9								136		2	63		2	1.92	6.15	4200	3.4	3850	2470	400							42.8	0.20	0.34	4
2	4.293	5.1	5.1	7.6	8.3					8.7								1.94	11.2	4500	1.4	3080	2470	350							50.4			
3	3.319	5.1	5.1															1.89																
4	2.811	5.1	5.1									87		2	40		2	1.76														0.27	0.06	4
5	2.492	5.1	5.1	7.6	8.2					9.1		142		2	62		2	1.86	8.4	4800	5.3	4140	2660	450							45.2	0.29	0.06	4
6	2.598	5.1	5.1	7.6	8.2					8.9								1.8	6.58	4600	4.8	4290	2750	400							45.2			
7	2.418	5.1	5.1	7.5														1.93	6.76	4000	5.6	3800	2430	400							52.8			
8	2.971	5.1	5.1	7.5								173		17	81		2	2	7.51	4200	6	3950	2530	400					1.53		30.2	0.22	0.06	97
9	7.132	5.1	5.1	7.6	8.2					8.8								1.86	14.7	4000	6.2	3240	2090	280							68.9			
10	5.189	5.1	5.1															1.91													5			
11	3.497	5.1	5.1									96		2	42		2	1.62													23.9	0.27	0.06	3
12	3.080	5.1	5.1	7.5	8.3					9.5		102		2	52		6	1.53	8.72	5000	5.3	4380	2870	450							49.1	0.26	0.56	176
13	2.733	5.1	5.1	7.5	8.2					8.8								1.56	9.61	4300	4.7	4200	2800	440							36.5			
14	3.837	5.1	5.1	7.6														1.72	9.81	6200	5.3	4000	2660	440							49.1			
15	4.143	5.1	5.1	7.7								84		2	40		2	1.58	7.23	4100	5.6	3910	2600	410					1.52		84.9	0.53	0.06	3
16	3.380	5.1	5.1	7.6	8.2					9.5								1.83	8.51	4300	5.6	3850	2550	410							81.6			
17	3.016	5.1	5.1															1.46																
18	2.845	5.1	5.1									137		2	56		2	1.73														1.09	0.06	7
19	2.563	5.1	5.1	7.4	8.0					10.2		146		2	58		2	1.57	7.97	4200	4.6	3750	2520	450							50.4	1.16	0.56	3
20	2.486	5.1	5.1	7.4	8.2					9.1								1.48	8	4300	5.7	3810	2560	410							50.4			
21	2.395	5.1	5.1	7.6														1.53	5.2	4100	6.1	3720	2570	420					1.35		49.6			
22	2.337	5.1	5.1	7.7								130		2	46		2	1.59	7.22	4300	6.2	3500	2410	400							50.4	0.28	0.06	3
23	3.415	5.1	5.1	7.5	8.3					9.3								1.75	7.35	4000	6	3800	2530	400							50.4			
24	3.340	5.1	5.1															1.74													6.3			
25	2.906	5.1	5.1									109		2	78		2	1.49														0.14	0.06	3
26	2.512	5.1	5.1	7.3	8.1					10.1		40		2	24		2	1.46	8.8	4000	5.9	3940	2580	410							44.1	0.12	0.06	28
27	2.722	5.1	5.1	7.8	8.2					9.2								1.55	7.83	4100	5.8	4130	2820	400							75.6			
28	4.787	5.1	5.1	7.8														1.78	9.69	4000	6	3660	2480	350					1.27		75.6			
29	3.310	5.1	5.1	7.6														1.46	8.58	4700	5.8	4040	2650	380							75.6			
30	2.961	5.1	5.1	7.7														1.64	7.89	4400	6.3	3500	2320	350							69.3			
31	6.538	5.1	5.1															1.7													25.2			
Tot.	104.39	158.1	158.1															52.64													1289			
Avg.	3.367	5.1	5.1	7.6	8.2					9.3		115		3	54		2	1.698	8.35	4377	5.345	3843	2560	400.5					1.418		49.56	0.40	0.16	8

RESIDENTIAL

COMMERCIAL

INDUSTRIAL 0

INDUSTRIAL WASTE POPULATION EQUIVALENT

32069	8838	15401
FLOW	CBOD	TSS

michael carter sr — OPERATOR

6173 — CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

502-587-5867 — PLANT TELEPHONE