



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

January 14, 2010

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

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

There were no exceedences , bypass reports or overflow reports for this month. Included are the 4th quarter Biomonitoring DMR.

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 0110

Enclosures

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



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

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: DANNIS THOMASSEN, SR METRO OPS

KY0102784
PERMIT NUMBER

001 1
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	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	*****	*****	*****	9	*****	*****	MG/L	0	14/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST. MIN	*****	*****	MG/L		FREE/GRAB	WEEK
PH	00400 1 0 0	*****	*****	*****	7.9	*****	8.3	SU	0	14/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		FREE/GRAB	WEEK
SOLIDS, TOTAL SUSPENDED	00530 6 0 0	3070	3934	LBS/DY	*****	129	170	MG/L	0	3/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE/COMPOS	WEEK
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	78	164	LBS/DY	*****	3	4	MG/L	0	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE/COMPOS	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	00510 6 0 0	337	375	LBS/DY	*****	14	18	MG/L	0	3/7	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE/COMPOS	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	00510 1 2 0	5	7	LBS/DY	*****	0.2	0.4	MG/L	0	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE/COMPOS	WEEK
PHOSPHORUS, TOTAL (AS P)	00565 1 0 0	*****	*****	*****	*****	0.1	0.1	MG/L	0	3/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE/COMPOS	WEEK

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>EXCER LUT</i> <i>H. J. Schaefer</i> 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 <i>H. J. Schaefer</i>	TELEPHONE 502 546-6000	DATE 10 1 14
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

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

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

PERMIT NUMBER **KY0202764** DISCHARGE NUMBER **0011**

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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	2.95	5.66									
30050 I O O	PERMIT REQUIREMENT	MO AVG	DAILY MX	MGD							
EFFLUENT GROSS VALUE											
COLIFORM, FECAL GENERAL											
74055 I O O	PERMIT REQUIREMENT					5	16				3/7 GR
EFFLUENT GROSS VALUE						3000 GED	7 DA GED	100ML			WEEK
BOD, CARBONACEOUS 05 DAY, 20C	1954	2234				83	100				3/7 CP
60082 G O O	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			WEEK
RAW SEW/INFLUENT											
BOD, CARBONACEOUS 05 DAY, 20C	54	43				2	2				3/7 CP
60082 I O O	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L			WEEK
EFFLUENT GROSS VALUE											
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL					98						11/31 CA
60091 K O O	PERMIT REQUIREMENT				MO MIN			PER-CENT			MONTH
PERCENT REMOVAL											
SOLIDS, SUSPENDED PERCENT REMOVAL					98						11/31 CA
61011 K O O	PERMIT REQUIREMENT				MO MIN			PER-CENT			MONTH
PERCENT REMOVAL											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Eric Ditt
 H. J. Schauder
 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.

Eric Ditt
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 DATE
 AREA CODE NUMBER YEAR MO DAY
 10 1 14

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
 8409 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY FLOYDS FORK WQTC MSD
 LOCATION LOUISVILLE KY 40245
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

WY0102/84
 PERMIT NUMBER
 001 Y
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

QUARTERLY METALS/BIO-MONITORING EFFLUENT

JEFFE

*** NO DISCHARGE [] ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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		*****	*****	*****	*****	303	303	MG/L	0	1/90	CP
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.0249	0.0249	MG/L	0	1/90	CP
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	50.0001	50.0001	MG/L	0	1/90	CP
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.005	0.005	MG/L	0	1/90	CP
COPPER TOTAL RECOVERABLE 01117 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.006	0.006	MG/L	0	1/90	CP
TOXICITY, FINAL CONC TOXICITY UNITS 81408 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****		< 1.00	CHRONIC TOXCTY	0	1/90	CP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 TYPED OR PRINTED

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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
 KPDES PERMIT NUMBER KY0102784

COUNTY JEFFERSON
 PLANT CAPACITY 3.5 MGD

MONTH OF: December 2009
 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	RETURN		WAST	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)	
																		GAL/DAY X 1000	MLSS X 1000					GAL/DAY X 1000	30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS				% DRY SOLIDS
1	2,295	5.1	5.1	7.4							161		2	113		2	1.978	6.31	48	5.3	3.82	2.67	460						60.9	0.06	1.00	3	
2	2,378	5.1	5.1	7.3	8.1				8.6		199		2	79		2	1.95	7.59	51	4.9	4.04	2.7	490						6.3	0.08	0.06	24	
3	2,738	5.1	5.1	7.2	8.1				9.8		150		3	108		2	1.79	8.15		3.4	4.11	2.87	450						0.08	0.06		3	
4	2,328	5.1	5.1	7.2	7.9				10.0								1.81	8.24	56	5	3.8	2.69	480				0.94		49.6				
5	2,274	5.1	5.1														1.78		40										49.6				
6	2,342	5.1	5.1														1.81																
7	2,261	5.1	5.1	7.1													1.61	7.92	45	4.9	4.63	3.2	550						50.4				
8	2,992	5.1	5.1	7.2							196		3	112		2	1.89	7.46	45	5.2	4.37	3.03	500					42	0.11	0.06	57		
9	5,657	5.1	5.1	7.8	8.1				10.4		91		7	48		3	2.14	11.7	50	2.6	3.82	2.71	390					50.4	0.08	0.06	26		
10	3,518	5.1	5.1	7.4	7.9				11.2		79		3	56		2	2.05	10		5.4	4.29	3	590				1	48.8	0.06	0.06	3		
11	2,887	5.1	5.1	7.5	7.9				10.3								1.95	9.57	51	5.1	4.61	3.29	650					63					
12	2,833	5.1	5.1														2.11											12.6					
13	3,018	5.1	5.1														2.02																
14	2,834	5.1	5.1	7.5													2.09	9.22	48	6	3.88	2.95	800					85.4					
15	2,677	5.1	5.1	7.4							134		3	70		2	2.25	7.43	46	5.3	4.36	3.12	800					45.2	0.06	0.50	3		
16	2,520	5.1	5.1	7.3	8.0				9.2		139		2	94		2	1.81	8.08	40	5.4	4.29	3.04	550					48.9	0.06	0.06	3		
17	2,440	5.1	5.1	7.3	8.0				11.0		124		2	94		2	1.85	9.05	43	6	4.15	2.95	550				1.56	45.2	0.06	0.39	3		
18	2,479	5.1	5.1	7.3	8.0				11.1								1.86	8.28	45	6.2	4.18	2.97	550					56.5					
19	3,653	5.1	5.1														2.01											25.2					
20	3,622	5.1	5.1														1.81																
21	3,176	5.1	5.1	7.5													1.93	7.4	54	6.2	4.37	3.15	600					52.8					
22	2,906	5.1	5.1	7.6							142		2	67		2	1.9	6.42	48	5.4	4.22	3.05	570					50.2	0.06	0.06	3		
23	2,810	5.1	5.1	7.4	8.2				8.7		35		2	61		2	2.17	7.65	52	4.6	4.23	3.05	550				1.42	50.4	0.06	0.06	3		
24	2,760	5.1	5.1		8.3				11.0		95		<2	89		2	1.77		49									50.4	0.06	0.28	3		
25	3,020	5.1	5.1		8.1				9.8								1.88																
26	2,883	5.1	5.1														1.86											23					
27	2,740	5.1	5.1														1.65																
28	2,610	5.1	5.1	7.7													1.88	5.78	52	6.1	4.28	3.11	540					50.4					
29	2,460	5.1	5.1	7.6													1.93	6.1	51	6	4.26	3.11	650					50.4					
30	2,463	5.1	5.1	7.6	8.2				10.4								1.89	6.34	60	6.1	4.34	3.17	700					52.5					
31	2,730	5.1	5.1	7.8	8.0				9.9								2.13	5.78	61	6	4.28	3.2	650					50.4					
ToL	88.30	158.1	158.1														59.56												1171				
Avg.	2,849	5.1	5.1	7.4	8.1				10.1		129		3	83		2	1.921	7.832	49.29	5.29	4.207	3.001	555.7				1.23	46.82	0.07	0.22	5		

RESIDENTIAL
 COMMERCIAL
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
 27129 FLOW
 11541 CBOD
 14565 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