



MSD

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

May 23, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

RE: Jeffersontown Treatment Plant, KPDES No: KY0025194
Discharge Monitoring Report
April 2007

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) report for the Jeffersontown Wastewater Treatment Plant, for the month of April 2007. There was one exception for the month. On the 15th the fecal limit was exceeded due to 1.4 inches of rain the previous two days. If you have any questions concerning the attached DMR's, please contact me at (502) 239-7695.

Sincerely,

James E. Porter Jr.
Process Supervisor Central Region

JEP/Jeffersontown 0407.doc

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
R. Shaw
P. Burgin
T. Singleton



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

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

MAJOR
(SUBR LV)

F - FINAL
FLOW BOD TSS DO PH
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

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

NAME MSD JEFFERSONTOWN STP

ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

FACILITY MSD JEFFERSONTOWN STP

LOCATION JEFFERSONTOWN KY 40299

ATTN: DEBBIE NEWTON

AT0025174
PERMIT NUMBER

0012
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8.8	*****	*****	(17)	0	3/1	GAUG
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEK	
BOD5	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.4	(12)	0	3/1	GAUG
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	5428	7266	(20)	*****	181	262	(17)	0	3/1	COMB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	167	201	(25)	*****	5	7	(17)	0	3/1	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	477	623	(20)	*****	15.1	19.27	(17)	0	3/1	COMB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	REPORT	REPORT	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	8.28	18.03	(20)	*****	0.24	0.47	(17)	0	3/1	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEK	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	14.02	23.52	(20)	*****	0.42	0.59	(17)	0	3/1	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	MD AVG	MX WK AV	MG/L		WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCHINDLER JR.
EXECUTIVE DIRECTOR
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 James E. Potts
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
502-540-6100 07 05 22
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN

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

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

NAME MSD JEFFERSONTOWN STP
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

KY0025194
PERMIT NUMBER

0012
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
FLOW BOD TSS DO PH
EFFLUENT
*** NO DISCHARGE ***

FACILITY MSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40297
ATTN DEBBIE NEWTON

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			
PLUM. IN CONDUIT OR THRU TREATMENT PLANT	3.82	8.64	(0.31)	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	MGD							
COLIFORM, FECAE GENERAL	25	60.37	(1.5)	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	MGD							
BOD, CARBONACEOUS 05 DAY, 20C	5499.99	6943.0	(25)	*****	*****	*****					
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY							
BOD, CARBONACEOUS 05 DAY, 20C	82.8	83.7	(25)	*****	*****	*****					
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY							
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	97.7		(25)	*****	*****	*****					
PERCENT REMOVAL	PERMIT REQUIREMENT	MD AVG	MX WK AV	PERCENT							
SOLIDS, SUSPENDED PERCENT REMOVAL	96.9		(25)	*****	*****	*****					
PERCENT REMOVAL	PERMIT REQUIREMENT	MD MIN	MX WK AV	PERCENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHUBERT JR
EXECUTIVE DIRECTOR
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
James E. Roberts

TELEPHONE 502 540 6000
DATE 07 05 22
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

EXCESSIVE COLIF FECAE LIMIT ON 4/13/07, SEE ATTACHED LETTER.

NAME OF TREATMENT PLANT JEFFERSONTOWN WTP
 KPDES PERMIT NUMBER KY0025194

COUNTY JEFFERSON
 PLANT CAPACITY 4.0 MGD

MONTH OF: April 2007
 RECEIVING STREAM CHENOWETH RUN

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	WASTED	MLVSS X 1000	MLSS X 1000	MLVSS (mg/L) X 1000	MLSS (mg/L) X 1000	SETTLED SLUDGE VOLUME		RAW		HAULED		TOTAL PHOS. (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	3.74									154		4	scratch	scratch	1.44		36			52	8.4	3.28	2.51	280	260	19						13	0.29	0.10	3	
2	3.50			7.1	7.3					187		4	197		2	1.38	5.39	52			8.4	3.28	2.51	300	280	19						32	0.27	0.10	3	
3	4.80			7.0	7.2					162		8	106		5	1.37		36			8			350	290	19						57	0.53	1.20	195	
4	4.01			7.0	7.1											1.3	6.89	36			8.8	2.89	2.2	250	220	25						32				
5	3.80															1.51	6.33	41			8.5	2.97	2.24	300	250	19	4	91	1.1	74	57					
6	3.08															1.19	5.74	51			8.6	3.34	2.44	260	230	19						63				
7	3.23															1.41		40			7.5			280	250	19						25				
8	3.08									126		3	114		2	1.4		40			7.9			290	260	19						19	0.21	0.10	3	
9	3.20			7.1	7.2					186		4	160		2	1.26	6.38	42			8.4	3.04	2.25	270	230	19						88	0.32	0.10	90	
10	3.23			7.0	7.2					86		3	134		2	1.32	5.74	38			8.8	2.91	2.15	230	200	19						50	0.28	0.10	20	
11	3.73			7.1	7.3											1.35	5.8	38			8.3	2.77	2.06	210	200	19						63				
12	3.07															1.32	5.47	38			8.4	2.96	2.3	200	200	19	4.4	90	1.2	71	57					
13	3.11															1.29	5.7	36			8	3.04	2.32	200	200	25						13				
14	8.64															1.33		38			7			210	200	19						19				
15	6.10									90		6	75		2	1.42		38			7			170	160	19						44	0.38	0.10	440	
16	4.54			7.1	7.2					165		3	186		2	1.43	7.15	38			7.6	3.03	2.2	200	180	19						32	1.11	0.10	50	
17	3.92			7.1	7.3					234		5	245		2	1.07	7.11	34			7.4	3	2.22	200	180	19						13	0.29	0.10	10	
18	3.39			7.0	7.4											1.27	7.01	34			7.2	2.92	2.11	180	180	19						50				
19	3.66															1.41	6.2	38			7.2	3.05	2.24	200	190	32						38				
20	2.98															1.25	7.91	41			7.6	3.06	2.33	200	180	38	4	89	1.2	73	13					
21	3.14															1.41		38			7.2			200	180	19						25				
22	3.16									168		7	118		2	1.43		38						190	180	19						6	0.33	0.10	17	
23	3.23			7.2	7.2					317		6	284		3	1.34	7.16	38			6.8	2.91	2.18	180	140	25						44	0.44	0.73	33	
24	3.53			7.3	7.4					300		9	342		4	1.47	6.29	14			7.4	2.82	1.99	150	150	19						50	0.61	0.10	53	
25	3.00			7.2	7.2											1.32	6.78	27			7.5	3.06	2.37	180	170	19						25				
26	5.87															1.5		38			7.2			170	170	19	4.2	91	1.1	74	19					
27	3.76															1.39	6.3	35			7.2	2.77	2.07	150	140	19						38				
28	3.61															1.58		38			6.9			160	145	19						13				
29	3.58															1.58		39			7.1			150	140	19						13				
30	3.19															1.46	5.91	38			7.4	3.11	2.19	180	160	25						13				
31																																				
Tot.	####															41.2																				
Avg.	3.82			7.1	7.3					9.9		181	5	178	3	1.373	6.382	37.6			7.689	2.997	2.23	216.3	197.2	20.87	4.15	90.25	1.15	73	34.33	0.42	0.24	25		

RESIDENTIAL
 COMMERCIAL
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
 36406 FLOW
 33432 CBOD
 27516 TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS _____
 SEWER CONNECTIONS _____ X _____ = _____

SEWERED POPULATION _____

PLANT TELEPHONE _____