MSD

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

June 26, 2007

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

RE: Jeffersontown Treatment Plant, KPDES No: KY0025194
Discharge Monitoring Report
May 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 May 2007. 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 0507.doc

Enclosures

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD JEFFERSONTOWN STP
ADDRESS 6405 CEDAR CREEK RD
LOUISVILLE KY 40291

FACILITY MSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40299
ATTN. DENISE NELSON

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

KY0025194 — PERMIT NUMBER
101 — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 07 MO 06 DAY 01 TO YEAR 07 MO 06 DAY 30

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

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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	***	8.0	*******	*******		Ø	3/1	GRAB
	PERMIT REQUIREMENT	*******	*******	****	INST MIN	*******	*******	MG/L		WEEK	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	***	7.0	*******	7.5		Ø	3/7	GRAB
	PERMIT REQUIREMENT	*******	*******	****	MINIMUM	*******	MAXIMUM	SU		WEEK	
SOLIDS, TOTAL SUSPENDED 00530 6 0 0 RAW MEW/INFLUENT	SAMPLE MEASUREMENT	6609	7872		*******	246	285		Ø	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	142	164		*******	5	6		Ø	3/7	Comp
	PERMIT REQUIREMENT	1000 MO AVG	1564 MX WK AV	LBS/DY	*******	30 MO AVG	45 MX WK AV	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N) 00610 6 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	533	570		*******	20.2	23.53		Ø	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.72	3.10		*******	0.10	0.10		Ø	3/7	Comp
	PERMIT REQUIREMENT	100 MO AVG	200 MX WK AV	LBS/DY	*******	MO AVG	MX WK AV	MG/L		WEEK	
PHOSPHORUS, TOTAL (AS P) 00665 1 1 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	10.11	15.02		*******	0.41	0.81		Ø	3/7	Comp
	PERMIT REQUIREMENT	33 MO AVG	50 MX WK AV	LBS/DY	*******	1.0 MO AVG	2.0 MX WK AV	MG/L		WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. E. SCHRADER 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.

Denise E. Nelson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
AREA CODE 502 NUMBER 540 6000

DATE
YEAR 07 MO 6 DAY 25

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
USE NO AVG FOR BOD/TSS NEMV; REPT IN MINIMUM COLUMN

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD JEFFERSONTOWN STP
ADDRESS 9405 CEDAR CREEK RD
LOUISVILLE KY 40291
FACILITY MSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40299
ATTN: DEBBIE NEWTON

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

KY0025194 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	07	06	01	TO	07	06	30

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

JEFF.

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	3.10	5.71	(03)	*******	*******	*******	****	Ø	9/W	9/W
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	*******	*******	*******	****		CONTINUOUS	CONTINUOUS
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******	****	*******	17	107.47	(13)	Ø	3/7	GRAB
	PERMIT REQUIREMENT	*******	*******	****	*******	200 30DA GEO	400 #/ 7 DA GEO	100ML		THREE/WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 R 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	5919	7627	(26)	*******	213	261	(19)	Ø	3/7	COMP
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/WEEK	COMP
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	62	99	(26)	*******	2	3	(19)	Ø	3/7	COMP
	PERMIT REQUIREMENT	65/ MO AVG	1001 MX WK AV	LBS/DY	*******	20 MO AVG	30 MX WK AV	MG/L		THREE/WEEK	COMP
BOD, 5 DAY, 20 DEG C, PERCENT REMVL 80091 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******	****	98.9	*******	*******	(23)	Ø	1/31	Calc
	PERMIT REQUIREMENT	*******	*******	****	85 MO AVG	*******	*******	PER-CENT		ONCE/MONTH	CALCULATED
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*******	*******	****	97.3	*******	*******	(25)	Ø	1/31	Calc
	PERMIT REQUIREMENT	*******	*******	****	85 MO MIN	*******	*******	PER-CENT		ONCE/MONTH	CALCULATED
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCHROEDER III
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

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540-6000	07	6	25

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

NAME OF TREATMENT PLANT JEFFERSONTOWN WTP COUNTY JEFFERSON MONTH OF: May 2007

KPDES PERMIT NUMBER KY0025194 PLANT CAPACITY 4.0 MGD RECEIVING STREAM CHENOWETH RUN

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		WASTED	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME		RAW			HAULED			TOTAL PHOS. (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
																		GAL/DAY X 1000	MLSS x1000	MLVSS X 1000				30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000			
1	3.15											226		5	208		2	1.68	6.1	31	6.8	3.09	2.21	180	170	19					32	0.47	0.10	67
2	3.17			7.2	7.3		15.0			8.6		313		6	311		6	1.4	6.08	35	6.4	3.05	2.19	190	180	19					25	0.52	0.10	7
3	4.63			7.4	7.5		20.0			8.6		230		5	206		2	1.89	5.72	38	6.5	2.87	2.11	170	150	19					19	0.04	0.10	27
4	5.71			7.3	7.4		18.0			8.8								1.08	6.02	34	6.8	3.01	2.25	200	170	19					19			
5	4.75																	1.4		38	6.9			220	180	19								
6	4.04																	1.47		38	6.6			220	200	19								
7	3.65																	1.2	6.59	38	6.8	3	2.2	180	170	19	3.5	85	0.99	68	57			
8	3.36											240		6	150		2	1.33	6.08	38	6.8	2.76	1.95	180	170	25					44	0.04	0.10	100
9	3.48			7.1	7.5		18.0			8.4		227		4	174		2	1.24	7.51	37	6.4	3.24	2.35	190	180	19					38	0.28	0.10	3
10	3.10			7.1	7.4		15.0			8.6		267		7	156		2	1.2	7.56	34	6.7	3.22	2.42	180	170	19					19	0.26	0.10	27
11	2.63			7.4	7.3		20.0			8.6								1.2		38	7.1			190	170	19					19			
12	2.72																	1.27		38	7.1			190	180	13					19			
13	2.98																	1.5		31	6.6			180	170	19					25			
14	2.94																	1.41	6.28	33	7.2	3	2.11	170	170	19					53			
15	3.62											239		4	350		2	1.4	6.55	38	6.8	3.08	2.22	180	170	19					19	0.41	0.10	3
16	3.45			7.3	7.4		20.0			8.8		213		5	258		2	1.48	7.19	33	7.4	3.14	2.23	170	170	25					19	0.38	0.10	3
17	3.35			7.2	7.4		18.0			8.4		182		5	175		2	1.05	6.01	38	6.8	2.86	2.08	180	180	19	2.6	86	0.58	67	19	0.48	0.10	3
18	2.32			7.2	7.3		15.0			8.6								1.39	6.66	30	7.2	2.94	2.17	180	170	19					13			
19	2.71																	1.39		35	7			175	160	19					69			
20	3.00																	1.47		38				190	170	19								
21	2.75																	1.33	7.29	38	6.7	3.17	2.24	200	190	19					19			
22	2.84											298		6	206		1	1.38	6.81	38	6.8	2.99	2.52	200	190	19					38	0.89	0.10	165
23	2.55			7.2	7.2		14.0			9.4								1.31	6.5	38	6.8	2.98	2.12	200	190	19					32			
24	1.49			7.2	7.4		21.0			8.6		272		5	153		2	1.32	5.39	38	6.7	3.16	2.3	190	190	13	5.2	85	1.1	71	25	0.73	0.10	70
25	2.47			7.1	7.4		18.0			8.4								1.5	6.07	33	6.8	2.73	1.98	180	180	19					32			
26	2.36																	1.21		31	6.8			200	200	19					13			
27	2.37																	1.22		29				190	180	19					0			
28	2.59																	1.33		31				200	200	19					19			
29	2.61																	1.38	6.03	38	6.4	2.86	2.07	210	200	19	3	86	0.9	63	19			
30	2.69																	1.32	6.27	38	6.8	2.84	2.52	200	200	19					13			
31	2.40																	1.36	6.13	38	7.2	3.22	2.03	240	150	19					32			
Tot.	95.88																	42.11								589					750			
Avg.	3.09			7.2	7.4		17.7			8.7		246		5	213		2	1.358	6.421	35.58	6.818	3.01	2.203	191.1	178.1	19	3.575	85.5	0.893	67.25	26.79	0.41	0.10	17

RESIDENTIAL

COMMERCIAL

INDUSTRIAL 0

INDUSTRIAL WASTE POPULATION EQUIVALENT

29456	32375	30222
FLOW	CBOD	TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE