



MSD

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

August 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
July 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 July 2007. There were three exceptions this month related to Total Phosphorus. This was caused by ras pump problems with the old plant. The old plant has since been completely taken out of service and all eight tanks cleaned while repairs are made to plant. The #2 plant was placed back in service on July 27, 2007 and is operating effectively. 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 0707.doc

Enclosures

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



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

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

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

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

RY0025174
0012
PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL JEFFE
FLOW BOD TSS DO PH
EFFLUENT
*** NO DISCHARGE 1 1 ***

FACILITY MSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40299
ATTN DEBBIE NEWTON

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

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)		*****	*****		7.4			(17)		3/7	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN			MG/L		WEEK	
		*****	*****		7.1		7.5	(12)		3/7	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM		MAXIMUM	SU		WEEK	
SOLIDS, TOTAL SUSPENDED		6507	8694	(20)		254	299	(17)		3/7	COND
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY		REPORT MD AVG	REPORT MX WK AV	MG/L		WEEK	
SOLIDS, TOTAL SUSPENDED		177	282	(20)		7	13	(17)		3/7	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1000 MD AVG	1501 MX WK AV	LBS/DY		30 MD AVG	45 MX WK AV	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N)		426	467	(20)		16.8	19.03	(17)		3/7	COND
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY		REPORT MD AVG	REPORT MX WK AV	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N)		41.22	136.27	(20)		1.72	5.73	(17)		3/7	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	130 MD AVG	200 MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
PHOSPHORUS, TOTAL (AS P)		27.28	53.14	(20)		1.09	2.33	(17)	3	3/7	COND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	33 MD AVG	50 MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHLESIN 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.

Jana E. Root
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
502 510 6000 07 08 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.

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

NAME NSO JEFFERSONTOWN STP

ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

FACILITY NSO JEFFERSONTOWN STP

LOCATION JEFFERSONTOWN

ATTN: DEBBIE NEWTON

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

RY0025174
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR

(SUBR LV)

F - FINAL

FLOW BOD TSS DO PH

EFFLUENT

*** NO DISCHARGE 1 1 ***

JEFFE

MONITORING PERIOD

FROM	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			
100% IN CONDUIT OR THROUGH TREATMENT PLANT	3.15	5.56	MGD							0/1	0/1
EFFLUENT GROSS VALUE	REPORT	REPORT	MGD							CONTINGENT	
GENERAL	9	17.74	MGD							3/1	3/1
EFFLUENT GROSS VALUE	REPORT	REPORT	MGD							WEEK	
5 DAY, 20C	4359	4742	MGD							3/1	3/1
EFFLUENT GROSS VALUE	REPORT	REPORT	MGD							WEEK	
5 DAY, 20C	55	60	MGD							3/1	3/1
EFFLUENT GROSS VALUE	REPORT	REPORT	MGD							WEEK	
DEG C. PERCENT REMVL	97.8		PERCENT							1/31	CR2
PERCENT REMOVAL	REPORT	REPORT	PERCENT							MONTH	
PERCENT REMOVAL	93.8		PERCENT							1/31	CR2
PERCENT REMOVAL	REPORT	REPORT	PERCENT							MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. Schindler Jr.
Executive Director

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.

James E. Butler
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

502 510-6000

DATE

07 08 22

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

USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

NAME OF TREATMENT PLANT JEFFERSONTOWN WTP
 KPDES PERMIT NUMBER KY0025194

COUNTY JEFFERSON
 PLANT CAPACITY 4.0 MGD

MONTH OF: July 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			DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) x 1000	30 MIN.	60 MIN.	GALLONS x 1000	RAW		HAULED			TOTAL PHOS. (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
																		GAL/DAY x 1000	MLSS x 1000	MLVSS x 1000							% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS x 1000			
1	3.61										155		5	101		2	1.33		38	6.8		3.5	2.26	170	160	19					19	0.63	0.56	7
2	3.12			7.2	7.5			8.6			370		6	198		2	1.28	6.94	44	6.5	5.5	2.26	190	180	19					32	0.77	0.10	20	
3	2.45			7.1	7.4			8.2									1.07	5.33	36	6.4	3.77	2.61	200	160	19	4.9	87%	1.3	63%					
4	3.97			7.1	7.4			8.8			356		4	159		2	1.18		38	6.6				190	180	19					32	0.84	0.10	3
5	5.56																1.2	8.39	19	6.8	2.37	1.49	120	100	19					10				
6	3.26																1.03	7.17	36	6.6	2.4	1.53	120	100	19					19				
7	3.17																1.18		30					130	110	25								
8	3.04										214		4	103		2	1.18		29					120	100	19					13	0.94	0.50	3
9	3.11			7.1	7.3			8.0			147		7	92		2	1.21	6.56	40	6.2	3.17	2.14	130	110	19					38	1.16	0.10	3	
10	3.39			7.0	7.3			8.4			241		6	192		2	1.72	4.79	38	6	3.02	2.07	120	110	12					32	1.17	0.10	37	
11	3.15			7.1	7.3			8.6									1.16	4.77	38	6.2	3.1	2.5	110	100	19	5.6	89%	1.6	70%					
12	3.37																1.27	3.72	38	6.4	3.05	2.41	100	100	19					57				
13	3.05																1.51	5.27	46	6.3	2.85	1.91	110	100	32					50				
14	2.47																1.38		81			2.93	1.9	100	100	19								
15	3.00										214		8	123		2	1.44		82					110	100	19					32	2.02	0.67	93
16	2.37			7.1	7.3			7.8			352		22	288		3	1.2	3.69	64	6.8	2.81	1.96	100	100	25					13	2.07	0.50	20	
17	2.82			7.0	7.2			7.9			332		9	231		3	1.1	3.73	48	6.4	2.84	1.98	110	100	19					76	2.89	0.78	3	
18	2.75			7.0	7.3			8.1									68	4.59	28	6.4	2.4	1.64	110	100	19					76				
19	3.85																63	3.59		6.1	2.13	1.62	100	100	19	3.9	78%	0.99	60%					
20	3.19																70	7.89	10	6.4	2.41	1.72	130	120	19					25				
21	2.86																78		21					150	120	25					50			
22	2.81										170		4	112		2	99		30					170	120	25					6	0.18	4.10	3
23	2.78			7.2	7.1			8.2			286		4	264		2	79	6.21	21	6.2	2.7	2.41	180	160	44					44	0.18	5.40	3	
24	2.92			7.1	7.5			7.9			214		8	225		2	83	6.91	28	2.2	2.67	1.95	200	160	50					19	0.24	7.70	70	
25	2.63			7.2	7.4			7.0									75	5.98	28	5.8	2.46	2.36	210	190	19					6				
26	3.09																88	3.85	46	6	2.51	2.03	200	190	19	6.3	89%	1.2	59%					
27	3.48																93	7.03	28	6.2	3.01	2.4	150	190	19									
28	3.63																1.45		28	6.6				200	180	19								
29	3.06																1.27		41					200	190	19								
30	2.84																1.41	4.32	45	5.9	3.1	2.14	250	250	19					69				
31	2.90																1.51	4.22	45	7.9	3	2.25	210	200	19					63				
Tot.	97.70																823.1														958			
Avg.	3.15			7.1	7.3			8.1			254		7	174		2	26.55	5.474	38.13	6.238	2.827	2.058	151.3	138.1	21.77	5.175	0.858	1.273	0.63	38.32	1.09	1.72	9	

RESIDENTIAL _____ INDUSTRIAL WASTE POPULATION EQUIVALENT
 COMMERCIAL 30015 FLOW
 INDUSTRIAL 26903 CBOD
31823 TSS
 OPERATOR _____ CERT. NO. _____

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

PLANT TELEPHONE _____