



MSD

Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

December 19, 2007

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

RE: Jeffersontown Treatment Plant, KPDES No: KY0025194  
Discharge Monitoring Report  
November 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 November 2007. Also included is the quarterly biomonitoring Discharge Monitoring Report (DMR). 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 1107.doc

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

MAJOR  
(SUBR LV)  
F - FINAL  
FLOW BOD TSS DO PH  
EFFLUENT

JEFFE

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

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

NAME WEST JEFFERSON TOWN S.P.  
ADDRESS 9405 CEDAR CREEK RD  
JEFFERSON TOWN NY 40291

PERMIT NUMBER  
KY002E194

DISCHARGE NUMBER  
001 2

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	11	01		07	11	30

FACILITY LOCATION WEST JEFFERSON TOWN S.P.  
JEFFERSON TOWN NY 40299

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
EFFLUENT GROSS VALUE		*****	*****		8.0	*****	*****	( 19)	0	3/7	COND
PERMIT REQUIREMENT		*****	*****	*****	7	*****	*****	MG/L		THREE/GRAB	WEEK
EFFLUENT GROSS VALUE		*****	*****		6.3	*****	7.6	( 12)	0	3/7	COND
PERMIT REQUIREMENT		*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		THREE/GRAB	WEEK
RAW SEW/INFLUENT		4973.00	5014.00	( 26)	*****	173	211	( 19)	0	3/7	COMB
PERMIT REQUIREMENT		REPORT	REPORT	BS/DY	*****	REPORT	REPORT	MG/L		THREE/COMPOS	WEEK
EFFLUENT GROSS VALUE		206.00	298.00	( 26)	*****	7	8	( 19)	0	3/7	COMB
PERMIT REQUIREMENT		1000	1501	BS/DY	*****	30	45	MG/L		THREE/COMPOS	WEEK
RAW SEW/INFLUENT		405.00	479.00	( 26)	*****	14.7	20.1	( 19)	0	3/7	COMB
PERMIT REQUIREMENT		REPORT	REPORT	BS/DY	*****	REPORT	REPORT	MG/L		THREE/COMPOS	WEEK
EFFLUENT GROSS VALUE		22.87	69.28	( 26)	*****	0.96	3.03	( 19)	0	3/7	COMB
PERMIT REQUIREMENT		334	500	BS/DY	*****	10	15	MG/L		THREE/COMPOS	WEEK
EFFLUENT GROSS VALUE		12.91	27.68	( 26)	*****	0.38	0.55	( 19)	0	3/7	COMB
PERMIT REQUIREMENT		67	100	BS/DY	*****	2.0	3.0	MG/L		THREE/COMPOS	WEEK

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHROEDER 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. Porter Jr.

TELEPHONE DATE  
500 541-6000 07 12 20  
AREA CODE NUMBER YEAR MO DAY

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

NO VIOLATIONS REPORTED IN MINIMUM COLUMN.

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

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

ADDRESS 2405 CEDAR CREEK RD  
JEFFERSONVILLE KY 40291

RY0029194  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MAJOR  
(SUBR LV)  
P - FINAL

FLOW BUD 155 DD PH  
EFFLUENT

FACILITY  
LOCATION

JEFFERSON TOWN KY 40299

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
CONDUCTIVITY OR THRU TREATMENT PLANT		3.29	7.92	( 03 )	*****	*****	*****			0	1/1	1/1
EFFLUENT GROSS VALUE		PERMIT REPORT MD AVG	PERMIT REPORT MX WK AV	100	*****	*****	*****	****				CONT INCONT IN UOUS
GENERAL EFFLUENT GROSS VALUE		*****	*****	****	*****	4.00	5.94	( 13 )		0	3/1	GRAB
EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400	100ML				THREE GRAB WEEK
5 DAY, 200 ML SAMPLE		3394	4255	( 26 )	*****	125	179	( 19 )		0	3/1	COMB
RAW SEW/IMPLUENT		PERMIT REPORT MD AVG	PERMIT REPORT MX WK AV	LB/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L				THREE COMPOS WEEK
5 DAY, 200 ML SAMPLE		65.00	112.00	( 26 )	*****	2.00	2.00	( 19 )		0	3/1	COMB
EFFLUENT GROSS VALUE		667	1001	LB/DY	*****	20	30	MG/L				THREE COMPOS WEEK
5 DAY, 20 DEG C, PERCENT REMVL		*****	*****		*****	93.8	*****	( 23 )		0	1/30	COCE
PERCENT REMOVAL		*****	*****	****	*****	85	*****	PER-CENT				ONCE / CALCTD MONTH
5 DAY, 20 DEG C, PERCENT REMOVAL		*****	*****	****	*****	89.6	*****	( 23 )		0	1/30	COCE
PERCENT REMOVAL		*****	*****	****	*****	85	*****	PER-CENT				ONCE / CALCTD MONTH
						NO MIN						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHROEDER 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. Porter Jr.

TELEPHONE  
502 940 6000  
DATE  
07 12 00  
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
THE ONLY FOR BOD 5 DAY REMV: REPT IN MINIMUM COLUMN.

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

MAJOR  
(SUBR LV)  
F - FINAL

JEFFE

BIO-MONITORING/ONCE PER QUARTER  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read Instructions before completing this form.

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

NAME HSY JEFFERSONTOWN SWP  
ADDRESS 6405 CEDAR CREEK RD  
JEFFERSONTOWN KY 40291

PERMIT NUMBER KY0005194

DISCHARGE NUMBER 001 Y

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01	TO	07	12	31

FACILITY HSY JEFFERSONTOWN SWP  
LOCATION JEFFERSONTOWN KY 40291

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					239	289	( 19 )	φ	1/92	COMB
	PERMIT REQUIREMENT					REPORT	REPORT			STRLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					<0.0001	<0.0001	( 19 )	φ	1/92	COMB
	PERMIT REQUIREMENT					REPORT	REPORT			STRLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					<0.002	<0.002	( 19 )	φ	1/92	COMB
	PERMIT REQUIREMENT					REPORT	REPORT			STRLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					<0.005	<0.005	( 19 )	φ	1/92	COMB
	PERMIT REQUIREMENT					REPORT	REPORT			STRLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					<0.0364	<0.0364	( 19 )	φ	1/92	COMB
	PERMIT REQUIREMENT					REPORT	REPORT			STRLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					<0.0429	<0.0429	( 19 )	φ	1/92	COMB
	PERMIT REQUIREMENT					REPORT	REPORT			STRLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					<0.0001	<0.0001	( 19 )	φ	1/92	COMB
	PERMIT REQUIREMENT					REPORT	REPORT			STRLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHWARZBINT 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. Bate Jr.

TELEPHONE DATE  
502-540-6000 07 12 20  
AREA CODE NUMBER YEAR MO DAY

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

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

MAJOR (SUBR LV)  
F - FINAL JEFFE  
BIOMONITORING/ONCE PER QUARTER  
EFFLUENT  
\*\*\* NO DISCHARGE 1 1 \*\*\*

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

NAME  
ADDRESS 9405 CEDAR CREEK RD  
JEFFERSONTOWN KY 40291

PERMIT NUMBER KY0029194

DISCHARGE NUMBER 001 V

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	31		07	12	31

FACILITY LOCATION  
JEFFERSONTOWN KY 40299  
DUBBLE BERTON

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL RECOVERABLE		*****	*****	*****	*****	<0.005	<0.005	( 19)	0	1/92	COMB
EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT	REPORT			DAILY	COMPOS
TOTAL RECOVERABLE		*****	*****	*****	*****	0.007	0.007	( 19)	0	1/92	COMB
EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT	REPORT			DAILY	COMPOS
TOXICITY UNITS		*****	*****	*****	*****		<1.00	( 28)	0	1/92	COMB
EFFLUENT GROSS VALUE		*****	*****	*****	*****		1.00 CHRONIC			DAILY	TOXSTY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHWABER 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. Porter*

TELEPHONE DATE  
500 546-6000 07 12 00  
AREA CODE NUMBER YEAR MO DAY

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

NAME OF TREATMENT PLANT JEFFERSONTOWN WTP  
 KPDES PERMIT NUMBER KY0025194

COUNTY JEFFERSON  
 PLANT CAPACITY 4.0 MGD

MONTH OF: November 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		WAST. EC	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) x 1000	80 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								% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS				WITHDRAWN GALLONS x 1000			
1	2.99												180		9	170	2	2.18	7.15	38	5.6	2.18	1.8	190	170									0.42	0.22	1	
2	2.75			6.4	7.5													2.02	5.97	387	5.2	2.89	2.34	180	170												
3	2.84																	1.07		40				180	180												
4	3.07												208		9	125	2	1.17			40			200	170									0.30	0.10	3	
5	3.52												144		7	102	2	1	7.29	42	5	2.52	1.78	200	190									0.30	0.10	3	
6	3.11			6.6	7.4													1.12	7.61	38	5.2	2.13	1.51	190	180												
7	3.07	3	3															1.08	8.04	40	5.2	2.67	1.79	220	210												
8	2.88												184		6	181	2	1.01	8	42	5.4	2.75	1.97	230	220									0.30	1.00	3	
9	1.56			6.4	7.2													1.04	31	40	5.4	2.28	1.94	200	200												
10	2.66																	1.22	8.26	40				220	200												
11	2.89												186		6	112	2	1.48		42				210	200									0.30	0.10	10	
12	2.81			6.4	7.0								262		5	244	2	1.34		42	5.2	2.75	1.82	250	240									0.20	0.62	5	
13	3.60			6.6	7.0													1.09	5.98	44	5	2.59	1.97	280	280												
14	3.40	3	3															0.75	6.7	44	5.3	4.02	2.44	240	230												
15	3.05												230		5	134	2	1.01	6.15	44	5.2	2.61	1.81	250	250									0.27	0.10	3	
16	2.79			6.6	7.0													1.03	7.12	42	5	2.47	1.67	270	250												
17	3.20																	0.98	6.56	40				250	240												
18	2.56												96		10	69	2	1.03		40				260	240									0.49	4.50		
19	2.91			6.7	6.3								268		7	177	2	1.15		46	5	2.8	1.95	300	270									0.35	4.50	10	
20	2.61			6.3	6.9													1.06	6.71	44	7.2	2.98	2.14	290	260												
21	1.88	3	3															1.09	6.78	48	7.4	2.82	2.13	350	280											1	
22	2.89																	1.17	6.87	48				340	300												
23	3.53																	1.18		44				320	300												
24	3.25																	1.05		41				290	270												
25	4.47												132		10	90	2	0.95		42				280	270									0.46	0.10	5	
26	7.92			6.2	7.0								90		4	32	2	0.81	8.66	48	7.6	2.85	2	290	270									0.66	0.10	14	
27	5.15			6.6	6.8								96		6	67	3	0.8	9.64	46	7.2	1.66	1.5	220	220									0.52	0.10	3	
28	4.32	3	3	6.9	6.5													1.02	7.77	44	7.4	2.2	1.48	260	240												
29	3.83																	0.95	6.94	42	7.2	2.45	1.81	270	250												
30	3.29																	0.95	4.63	46	7.2	1.93	1.67	260	240												
31																																					
Tot.	98.80	12	12															33.8																	0.38	0.96	4
Avg.	3.29	3	3	6.5	7.0								173		7	125	2	1.127	8.278					5.945	2.578	1.866	249.7	233									

RESIDENTIAL  
 COMMERCIAL  
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT  
31365 FLOW  
20236 CBOD

OPERATOR \_\_\_\_\_

CERT. NO. \_\_\_\_\_

TOTAL NUMBER OF SEWER CONNECTIONS \_\_\_\_\_

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE \_\_\_\_\_