



MSD

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

November 25, 2008

Carolena Bentley, DMR Coordinator
Kentucky Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort, Kentucky 40601

RE: Jeffersontown Treatment Plant, KPDES No: KY0025194
Discharge Monitoring Report
October 2008

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Jeffersontown WTP KPDES No.: KY0025194 for the month of October 2008. There are no Discharge Reports for the month as there were no discharges or blending events.

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 1008.doc

Enclosures

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



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

NAME NSD JEFFERSONTOWN STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY NSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0025194
PERMIT NUMBER

001 2
DISCHARGE NUMBER

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

JEFF

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 00 | 10 | 01 | | 00 | 10 | 01 |

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 | | | |
| OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | 7.9 | ***** | ***** | (19) | 0 | 7/1 | COMB |
| PH | PERMIT REQUIREMENT | ***** | ***** | **** | INST MIN | ***** | ***** | MG/L | | THREE/WK | |
| 00400 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | 6.2 | ***** | 7.7 | (12) | 0 | 7/1 | COMB |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | MINIMUM | ***** | MAXIMUM | SI | | THREE/WK | |
| SOLIDS, TOTAL SUSPENDED 00530 9 0 0 RAW SEW/INFLUENT | SAMPLE MEASUREMENT | 3865 | 4496 | (26) | ***** | 211 | 232 | (19) | 0 | 7/1 | COMB |
| 00530 9 0 0 RAW SEW/INFLUENT | PERMIT REQUIREMENT | REPORT | REPORT | LBS/DY | ***** | REPORT | REPORT | MG/L | | THREE/WK | |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 156 | 193 | (26) | ***** | 8 | 11 | (19) | 0 | 7/1 | COMB |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 1000 | 1501 | LBS/DY | ***** | 30 | 40 | MG/L | | THREE/WK | |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT | SAMPLE MEASUREMENT | 405 | 442 | (26) | ***** | 22 | 25 | (19) | 0 | 7/1 | COMB |
| 00610 0 0 0 RAW SEW/INFLUENT | PERMIT REQUIREMENT | REPORT | REPORT | LBS/DY | ***** | REPORT | REPORT | MG/L | | THREE/WK | |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 6 | 8 | (26) | ***** | .13 | .46 | (19) | 0 | 7/1 | COMB |
| 00610 1 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 133 | 200 | LBS/DY | ***** | 4 | 0 | MG/L | | THREE/WK | |
| PHOSPHORUS, TOTAL (AS P) 00665 1 1 1 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 9 | 14 | (26) | ***** | 0.47 | 0.83 | (19) | 0 | 7/1 | COMB |
| 00665 1 1 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 33 | 50 | LBS/DY | ***** | 1.0 | 1.5 | MG/L | | THREE/WK | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | 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. | | | | TELEPHONE | | DATE | | | |
| H. J. SERRANO, JR. EXECUTIVE DIRECTOR TYPED OR PRINTED | | | | | | 502 540-6000 | | 08 | 11 | 25 | |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN. | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA CODE NUMBER YEAR MO DAY | | | |

NAME MSD JEFFERSONTOWN STP
ADDRESS C/O CEDAR CREEK STP
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

4Y0025194
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL
FLOW 800 TSS 00 PH
EFFLUENT
*** NO DISCHARGE [] ***

| MONITORING PERIOD | | | | | | |
|-------------------|-----|-----|----|------|-----|-----|
| YEAR | MO. | DAY | TO | YEAR | MO. | DAY |
| 99 | 10 | 31 | | 99 | 10 | 31 |

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 | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 I C O EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 2.25 | 4.09 | (03) | ***** | ***** | ***** | | Ø | Cont | C/N |
| | PERMIT REQUIREMENT | MD AVG | MX WK AV | MGD | ***** | ***** | ***** | **** | | CONTIN | CONTIN |
| COLIFORM, FECAL GENERAL 74055 I C O EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 51 | 108 | (13) | Ø | 7/9 | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | *** | ***** | 200 | 400 | */ | Ø | FREE/ | GRAB |
| BOD, CARBONACEOUS 05 DAY, 200 80082 G O O RAW SEW/INFLUENT | SAMPLE MEASUREMENT | 2762 | 3596 | (26) | ***** | 150 | 175 | (17) | Ø | 7/9 | CONR |
| | PERMIT REQUIREMENT | MD AVG | MX WK AV | LBS/DY | ***** | REPORT | REPORT | | Ø | FREE/ | CONR |
| BOD, CARBONACEOUS 05 DAY, 200 80082 I C O EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 56 | 67 | (26) | ***** | 3 | 3 | (17) | Ø | 7/9 | CONR |
| | PERMIT REQUIREMENT | MD AVG | MX WK AV | LBS/DY | ***** | 20 | 30 | | Ø | FREE/ | CONR |
| BOD, CARE-5 DAY, 20 D&G C, PERCENT REMVL 80091 K O O PERCENT REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | | 98 | 85 | ***** | (23) | Ø | 1/31 | CONR |
| | PERMIT REQUIREMENT | ***** | ***** | *** | MD AVG | ***** | ***** | PER- | Ø | 1/31 | CONR |
| SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K O O PERCENT REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | | 95 | 85 | ***** | (23) | Ø | 1/31 | CONR |
| | PERMIT REQUIREMENT | ***** | ***** | *** | MG MIN | ***** | ***** | PER- | Ø | 1/31 | CONR |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

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.

Dennis E. Thomasson Sr.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 540-6000
DATE
08 11 25
AREA CODE NUMBER YEAR MO DAY

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

NAME OF TREATMENT PLANT JEFFERSON TOWN WTP
 KPDES PERMIT NUMBER KY0025194

COUNTY JEFFERSON
 PLANT CAPACITY 4.0 MGD

MONTH OF: October 2008
 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 | GAL/DAY X 1000 | MLSS X 1000 | MLVSS X 1000 | WAST ED | DISSOLVED OXYGEN (mg/L) | MLSS (mg/L) X 1000 | MLVSS (mg/L) X 1000 | 30 MIN. | 60 MIN. | GALLONS X 1000 | % DRY SOLIDS | % VOLATILE SOLIDS | % DRY SOLIDS | % VOLATILE SOLIDS | WITHDRAWN GALLONS X 1000 | TOTAL PHOS. (mg/L) | NH ₃ -N (mg/L) | FECAL COLIFORM (COLONIES/100ML) |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2.40 | 3 | 3 | 6.6 | 7.0 | | | | 8.2 | | 317 | | 9 | 167 | | 3 | 1.57 | 6.48 | 38 | 5.8 | 3.03 | 2.48 | 150 | 150 | | | | | | | | 0.28 | 0.45 | 57 | |
| 2 | 2.26 | | | 6.5 | 7.1 | | | | 8.0 | | 190 | | 6 | 118 | | 3 | 1.45 | 7.39 | 38 | 5.6 | 2.73 | 1.84 | 150 | 140 | | | | | | | | 0.56 | 0.06 | 10 | |
| 3 | 2.19 | | | 6.6 | 7.0 | | | | 8.2 | | 253 | | 9 | 187 | | 3 | 1.44 | 6.43 | 38 | 5.6 | 2.93 | 2.32 | 150 | 140 | | | | | | | | 0.67 | 0.62 | 80 | |
| 4 | 2.20 | | | 6.5 | 7.0 | | | | 8.0 | | 146 | | 7 | 171 | | 3 | 1.41 | | 43 | | | | 130 | 130 | | | | | | | | 0.46 | 0.06 | 53 | |
| 5 | 2.23 | | | 6.6 | 7.0 | | | | 8.2 | | 297 | | 8 | 79 | | 3 | 1.41 | | 34 | | | | 130 | 120 | | | | | | | | 0.50 | 0.39 | 557 | |
| 6 | 2.13 | | | 6.6 | 6.7 | | | | 24.0 | | 8.3 | | 7 | 145 | | 3 | 1.51 | 5.21 | 34 | 5.4 | 2.84 | 1.9 | 100 | 100 | | | | | | | | 0.45 | 0.06 | 189 | |
| 7 | 2.03 | | | 6.6 | 7.0 | | | | 18.0 | | 8.1 | | 12 | 118 | | 3 | 1.47 | 6.25 | 34 | 5.5 | 3.21 | 2.26 | 120 | 110 | | | | | | | | 0.86 | 0.45 | 43 | |
| 8 | 3.24 | 3 | 3 | 6.5 | 6.2 | | | | 18.0 | | 8.5 | | 8 | 85 | | 3 | 1.51 | 7.48 | 30 | 5 | 2.96 | 2.57 | 100 | 100 | | | | | | | | 0.49 | 0.50 | 110 | |
| 9 | 2.19 | | | 6.6 | 6.7 | | | | 19.0 | | 8.1 | | 7 | 103 | | 3 | 1.56 | 6.3 | 30 | 4.9 | 3.47 | 3.01 | 110 | 100 | | | | | | | | 0.47 | 0.50 | 8 | |
| 10 | 1.99 | | | 6.6 | 6.8 | | | | 16.0 | | 8.2 | | 9 | 130 | | 3 | 1.48 | 7.15 | 32 | 5.1 | 3.2 | 2.08 | 150 | 130 | | | | | | | | 0.78 | 0.62 | 10 | |
| 11 | 1.89 | | | 6.8 | 7.0 | | | | 17.0 | | 8.6 | | 10 | 104 | | 3 | 1.45 | | 39 | 4.8 | | | 160 | 140 | | | | | | | | 0.92 | 0.39 | 40 | |
| 12 | 1.92 | | | 6.8 | 6.8 | | | | 16.0 | | 8.1 | | 15 | 139 | | 3 | 1.44 | | 36 | | | | 150 | 140 | | | | | | | | 1.64 | 0.56 | 1115 | |
| 13 | 1.98 | | | 6.8 | 7.7 | | | | 14.0 | | 8.2 | | 13 | 424 | | 3 | 1.38 | 3.65 | 30 | 7.3 | 3.47 | 2.35 | 150 | 150 | | | | | | | | 1.13 | 0.06 | 257 | |
| 14 | 2.13 | | | 7.6 | 7.7 | | | | 15.0 | | 8.3 | | 14 | 103 | | 3 | 1.31 | 4.48 | 52 | 6 | 2.95 | 2.1 | 160 | 140 | | | | | | | | 0.39 | 0.56 | 1708 | |
| 15 | 2.23 | 3 | 3 | 6.7 | 7.4 | | | | 17.0 | | 8.2 | | 10 | 177 | | 3 | 1.23 | 6.03 | 40 | 6.1 | 1.91 | 1.38 | 100 | 100 | | | | | | | | 0.41 | 0.06 | 1850 | |
| 16 | 2.39 | | | 6.7 | 7.4 | | | | 19.0 | | 8.3 | | 9 | 82 | | 3 | 1.44 | 5.94 | 38 | 5.6 | 2.77 | 1.9 | 120 | 100 | | | | | | | | 0.24 | 0.50 | 3 | |
| 17 | 1.99 | | | 6.7 | 7.6 | | | | 12.0 | | 8.4 | | 10 | 66 | | 3 | 1.46 | 5.99 | 40 | 6.9 | 2.6 | 1.89 | 120 | 110 | | | | | | | | 0.38 | 0.06 | 3 | |
| 18 | 1.86 | | | 6.8 | 7.5 | | | | 8.0 | | 193 | | 8 | 149 | | 3 | 1.33 | | 31 | | | | 110 | 110 | | | | | | | | 0.23 | 0.06 | 10 | |
| 19 | 1.85 | | | 6.6 | 7.6 | | | | 7.9 | | 227 | | 9 | 159 | | 3 | 1.31 | | 38 | | | | 120 | 110 | | | | | | | | 0.31 | 0.06 | 658 | |
| 20 | 2.17 | | | 7.0 | 7.1 | | | | 17.0 | | 8.3 | | 8 | 227 | | 3 | 1.31 | 6.12 | 22 | 6.4 | 3.21 | 2.15 | 150 | 140 | | | | | | | | 0.28 | 0.06 | 117 | |
| 21 | 1.98 | | | 6.4 | 7.0 | | | | 26.0 | | 8.2 | | 8 | 154 | | 3 | 1.29 | 7.34 | 28 | 6.6 | 4.1 | 2.74 | 180 | 180 | | | | | | | | 0.27 | 0.39 | 137 | |
| 22 | 1.89 | 3 | 3 | 6.4 | 7.3 | | | | 18.0 | | 8.2 | | 6 | 342 | | 3 | 1.36 | 7.52 | 38 | 6.3 | 3.47 | 2.3 | 180 | 170 | | | | | | | | 0.22 | 0.56 | 304 | |
| 23 | 2.07 | | | 6.2 | 7.3 | | | | 24.0 | | 8.3 | | 5 | 204 | | 3 | 1.42 | 5.92 | 44 | 7 | 3.82 | 2.46 | 180 | 170 | | | | | | | | 0.22 | 0.78 | 3025 | |
| 24 | 4.09 | | | 6.5 | 7.0 | | | | 29.0 | | 8.8 | | 9 | 116 | | 3 | 1.43 | 4.83 | 31 | 7.2 | 3.41 | 2.64 | 170 | 160 | | | | | | | | 0.53 | 0.67 | 18 | |
| 25 | 3.01 | | | 6.9 | 7.4 | | | | 19.0 | | 8.3 | | 5 | 94 | | 3 | 1.41 | | 35 | 7.4 | | | 160 | 160 | | | | | | | | 0.27 | 0.06 | 3 | |
| 26 | 2.66 | | | 6.9 | 7.1 | | | | 10.0 | | 8.2 | | 5 | 90 | | 3 | 1.39 | | 33 | 6.8 | | | 170 | 160 | | | | | | | | 0.18 | 0.06 | 3 | |
| 27 | 2.60 | | | 6.8 | 7.1 | | | | 8.4 | | 190 | | 5 | 172 | | 3 | 1.36 | 8.32 | 31 | 6.9 | 3.44 | 2.57 | 150 | 150 | | | | | | | | 0.16 | 0.39 | 21 | |
| 28 | 2.48 | | | 6.7 | 7.2 | | | | 13.0 | | 8.2 | | 7 | 205 | | 3 | 1.33 | 6.88 | 34 | 6.9 | 3.78 | 2.48 | 160 | 150 | | | | | | | | 0.25 | 0.06 | 29 | |
| 29 | 2.40 | 3 | 3 | 6.7 | 7.1 | | | | 18.0 | | 8.4 | | 7 | 206 | | 3 | 1.26 | 8.42 | 30 | 6.7 | 3.74 | 2.46 | 170 | 160 | | | | | | | | 0.24 | 0.06 | 43 | |
| 30 | 1.84 | | | 6.7 | 7.0 | | | | 16.0 | | 8.1 | | 10 | 218 | | 3 | 1.24 | 8.66 | 35 | 6.5 | 3.12 | 2.01 | 170 | 160 | | | | | | | | 0.38 | 0.06 | 3 | |
| 31 | 1.65 | | | 6.7 | 7.0 | | | | 18.0 | | 8.2 | | 7 | 202 | | 3 | 1.28 | 8.46 | 32 | 6.6 | 2.56 | 1.96 | 150 | 150 | | | | | | | | 0.24 | 0.22 | 3 | |
| Tot. | | 15 | 15 | | | | | | | | | | | | | | 43.24 | | | | | | | | | | | | | | | | 0.24 | 0.22 | 3 |
| Avg. | 2.26 | 3 | 3 | 6.7 | 7.1 | | | | 17.6 | | 8.2 | | 8 | 150 | | 3 | 1.395 | 6.576 | 35.1 | 6.188 | 3.162 | 2.246 | 144.2 | 136.5 | | | | | | | | 0.47 | 0.30 | 51 | |

RESIDENTIAL
 COMMERCIAL
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
21487 FLOW
16647 CBOD
18880 TSS

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

OPERATOR _____ CERT. NO. _____

PLANT TELEPHONE _____