



MSD

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

December 18, 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
November 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 November 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,

Kevin D. Ries
Process Supervisor Central Region

KDR/Jeffersontown 1108.doc

Enclosures

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



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

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

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

XY0025194
 PERMIT NUMBER
 001 2
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	11	01		00	11	30

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)	00300 1 0 0	*****	*****		8	*****	*****	(17)	Ø	%/1	CR
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		(FREE/WRAP) WEEK	
EFFLUENT GROSS VALUE PH	00400 1 0 0	*****	*****		6.6	*****	7.4	(12)	Ø	%/1	CR
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	*****	MG/L		(FREE/WRAP) WEEK	
SOLIDS, TOTAL SUSPENDED	00500 9 0 0	3949	4476	(26)	*****	216	254	(19)	Ø	%/1	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		(FREE/WRAP) WEEK	
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	148	193	(26)	*****	8	8	(19)	Ø	%/1	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1000	1501	LBS/DY	*****	30	45	MG/L		(FREE/WRAP) WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	00610 3 0 0	380	403	(26)	*****	21	26	(17)	Ø	%/1	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		(FREE/WRAP) WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	4	5	(26)	*****	0.2	0.3	(17)	Ø	%/1	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	334	500	LBS/DY	*****	10	15	MG/L		(FREE/WRAP) WEEK	
PHOSPHORUS, TOTAL (AS P)	00665 1 2 1	11	17	(26)	*****	0.6	0.8	(17)	Ø	%/1	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	87	100	LBS/DY	*****	2.0	3.0	MG/L		(FREE/WRAP) WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.T. Schaefer
 Exec. 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: Ken = D. R.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 546-6000
 DATE: 08 12 72
 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 MBO JEFFERSONTOWN STP

ADDRESS C/O CEDAR CREEK STP
6405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY MBO JEFFERSONTOWN STP

LOCATION JEFFERSONTOWN KY 40299

ATTN: DENNIS THOMASSON, SR METRO DPE

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

KY0025194
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL

FLOW BOD TSS DO PH
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
05	11	01		05	11	01

PARAMETER	SAMPLE MEASUREMENT	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		2.3	4.5	(03)	*****	*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	MGD	*****	*****	*****	****		JOINT IN CONTIN	
COLIFORM, FECAL GENERAL		*****	*****		*****	27	49	(13)		%	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		(FREE/GRAB	
BOD, CARBONACEOUS 05 DAY, 20C		3166	3647	(26)	*****	172	188	(19)		%	CP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	REPORT	REPORT			(FREE/COMPO	
BOD, CARBONACEOUS 05 DAY, 20C		57	67	(26)	*****	3	3	(19)		%	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LBS/DY	*****	20	30			(FREE/COMPO	
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****		98	*****	*****	(23)		%/30	CA
DEG C, PERCENT REMV	PERMIT REQUIREMENT	*****	*****	****	MD AVG	*****	*****	PER-		CENT/	CALCUL
PERCENT REMOVAL		*****	*****		96	*****	*****	(23)		%/30	CA
SOLIDS, SUSPENDED	PERMIT REQUIREMENT	*****	*****	****	MD MIN	*****	*****	PER-		CENT	CALCUL
PERCENT REMOVAL		*****	*****								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.S. Schaefer
Exec. 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
Kevin D. King

TELEPHONE: 502 546-6000
DATE: 08 12 22
AREA CODE: 502 NUMBER: 546-6000 YEAR: 08 MO: 12 DAY: 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: November 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	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	GAL/DAY X 1000	MLSS X 1000	MLVSS X 1000	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)	
																											30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS				% VOLATILE SOLIDS
1	1.63			7.0	7.1			17.0			8.0		129		7	141			3	1.27		39	6.1			180	160						0.25	0.11	3	
2	1.63			7.1	7.2			16.0			8.2		240		7	148			3	1.32		37				200	180						0.26	0.06	3	
3	1.69			7.2	7.4			18.0			8.2		244		5	190			3	1.26	6.96	39	8	3.56	2.36	180	160						0.27	0.56	26	
4	1.66			7.3	7.5			19.0			8.1		224		5	207			3	1.28	8.9	41	7.8	3.25	2.14	170	160						0.18	0.06	50	
5	1.71	3	3	7.1	7.4			18.0			8.0		217		8	209			3	1.27	7.76	42	7.7	3.94	2.72	180	170						0.24	0.30	133	
6	1.79			7.2	7.4			19.0			8.1		305		12	225			3	1.38	8.05	41	7.2	3.35	2.19	180	170						0.31	0.78	62	
7	1.99			6.7	7.2			27.0			8.2		197		8	197			3	1.33	6.83	41	7.4	2.6	2.17	170	150						0.27	0.06	3	
8	1.67			6.9	7.4			20.0			9.0		169		7	102			3	1.31		37	6.6			180	160						0.24	0.06	10	
9	1.85			7.2	7.3			14.0			8.1		209		6	192			3	1.29		42	7.2			190	160						0.26	0.06	10	
10	1.65			7.4	7.6			17.0			8.1		295		7	198			3	1.28	6.91	37		3.27	2.37	170	170						0.22	0.39	15	
11	1.95			7.3	7.5			20.0			8.2		365		8	189			3	1.26	7.47	40	7	3.14	2.82	160	150						0.30	0.06	130	
12	2.10	3	3	7.4	6.9			24.0			8.1		235		6	194			3	1.28	6.97	39	6.8	3.39	2.37	180	160						0.30	0.56	174	
13	2.62			7.4	7.5			19.0			8.3		229		6	122			3	1.26	8.37	48	6.6	3.31	2.3	190	170						0.50		97	
14	2.19			7.0	7.3			18.0			8.3		273		6	206			3	1.26	6.56	62	6.8	3.52	2.46	170	160						0.60	0.67	202	
15	4.46			7.1	7.2						8.4		95		6	73			3	1.22		62	6.7			180	160						0.60	0.28	10	
16	3.13			7.0	7.3						8.6		125		6	101			3	1.17		60	6.3			160	160						0.40	0.06	10	
17	2.58			7.0	7.1			16.0			8.3		210		5	218			3	1.12	7.03	64	6.4	3.12	2.13	170	160						0.60	0.22	50	
18	2.18			6.6	7.2			15.0			8.5		221		5	262			3	1.14	7.18	48	6.8	3.09	2.09	160	150						0.70	0.28	48	
19	2.15	3	3	6.8	7.2			18.0			8.4		171		5	113			3	1.2	6.73	54	6.9	2.85	2.01	180	170						0.85		80	
20	2.22			7.3	6.7			16.0			8.4		312		6	207			3	1.19	6.86	50	6.9	2.46	2.24	190	170						0.83	0.06	73	
21	2.02			6.6	6.6			19.0			8.6		223		8	191			3	1.19	5.03	48	6.8	2.83	1.9	180	170						0.89	0.06	251	
22	2.02			6.8	6.7			17.0			8.6		181		7	163			3	1.22		50				170	160						0.81	0.11	55	
23	1.93			6.8	7.0			16.0			8.4		233		7	223			3	1.23		48				180	160						0.82	0.06	29	
24	4.08			6.9	7.0			19.0			8.8		132		17	118			3	1.24	8.68	47	7.8	3.06	2.27	190	180						1.00	0.50	48	
25	3.12			7.0	6.7			17.0			8.6		209		7	196			3	1.24	6.66	56	7.2	3.28	3.17	180	170						0.67	0.06	19	
26	2.54	3	3	6.3	7.0			12.0			8.4		237		6	89			3	1.25	5.66	46	7.4	2.62	1.99	200	200						0.64	0.34	10	
27	2.65			7.1	6.9			14.0			9.0		229		5	239			3	1.24		39	6.9			200	190						0.65	0.06	3	
28	2.51			7.0	6.8						8.8		216		6	139			3	1.24		37	7.1			210	200						0.72	0.06	3	
29	2.28			6.9	6.9						8.6		143		11	161			3	1.22		37				200	190						1.00	0.06	19	
30	2.61			7.0	7.1			17.0			8.0		199		20	157			3	1.22		39	6.9			210	190						0.97	0.50	50	
31																																				
Tot.	68.61	12	12																	37.38																
Avg.	2.29	3	3	7.0	7.1			17.8			8.4		216		8	172			3	1.246	7.145	45.67	7.012	3.147	2.317	182	168.7						0.55	0.23	27	

RESIDENTIAL
 COMMERCIAL
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
 21781 FLOW
 19335 CBOD
 19579 TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE