MSD
Metropolitan Sewer District

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

December 22, 2009

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

RE: Jeffersontown WQTC, KPDES No: KY0025194
Discharge Monitoring Report
November 2009

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Jeffersontown WQTC KPDES No.: KY0025194 for the month of November 2009.

Also attached is the fourth quarter biomonitoring DMR.

There were no exceedences, bypasses or overflow reports.

If you have any questions concerning the attached DMR's, please contact me at (502) 239-7574.

Sincerely,

Duane V. Wright

Duane V. Wright
Process Supervisor Central Region

DVW/Jeffersontown1109.doc

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME JEFFERSONTOWN WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY JEFFERSONTOWN WQTC MSD
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

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	09	11	01	TO	09	11	30

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

Form Approved.
OMB No. 2040-0004

JEFFE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		✓ 8	******	******	(19)	0	01/01	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		7 INST MIN	******	******	MG/L		THREE/WEEK	GRAB
PH	SAMPLE MEASUREMENT	******	******		✓ 6.8	******	✓ 7.4	(12)	0	01/01	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** **** ****		6 MINIMUM	******	9 MAXIMUM	SU		THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3659	5228	(26)	******	✓ 172	✓ 231	(19)	0	01/01	CP
00530 6 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	162	199	(26)	******	✓ 7	✓ 9	(19)	0	01/01	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1000 MO AVG	1501 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	360	377	(26)	******	✓ 17	✓ 19	(19)	0	01/01	CP
00610 6 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	10	18	(26)	******	✓ 0.5	✓ 0.8	(19)	0	01/01	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	334 MO AVG	500 MX WK AV	LBS/DY	******	10 MO AVG	15 MX WK AV	MG/L		THREE/WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	13	18	(26)	******	✓ 0.6	✓ 0.8	(19)	0	01/01	CP
00665 1 2 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	67 MO AVG	100 MX WK AV	LBS/DY	******	2.0 MO AVG	3.0 MX WK AV	MG/L		THREE/WEEK	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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
AREA CODE NUMBER

DATE
YEAR MO DAY

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

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

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

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0025194	001 2

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	11	01	TO	09	11	30

Form Approved.
OMB No. 2040-0004

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

JEFFE

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.64	3.00	(03)	******	******	******		0	CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	4	5	(13)	0	01/01	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO	#/100ML		THREE/WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	3103	3824	(26)	******	146	169	(19)	0	01/01	CP
80082 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	57	63	(26)	******	2	3	(19)	0	01/01	CP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	667 MO AVG	1001 MX WK AV	LBS/DY	******	20 MO AVG	30 MX WK AV	MG/L		THREE/WEEK	COMPOS
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	******	******		98	******	******	(23)	0	01/30	CA
80091 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO AVG	******	******	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		96	******	******	(23)	0	01/30	CA
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	**** ****	85 MO MIN	******	******	PER-CENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
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.		AREA CODE / NUMBER	YEAR / MO / DAY

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

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

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DISCHARGE MONITORING REPORT *(DMR)*

KY0025194 — PERMIT NUMBER
001 Y — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	10	01	TO	09	12	31

Form Approved.
OMB No. 2040-0004

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

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HARDNESS, TOTAL (AS CACO3)	SAMPLE MEASUREMENT	******	******		******	355	355	(19)		01/90	CP
00900 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM, DISSOLVED (AS CD)	SAMPLE MEASUREMENT	******	******		******	<0.0001	<0.0001	(19)		01/90	CP
01025 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER, DISSOLVED (AS CU)	SAMPLE MEASUREMENT	******	******		******	<0.002	<0.002	(19)		01/90	CP
01040 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD, DISSOLVED (AS PB)	SAMPLE MEASUREMENT	******	******		******	<0.004	<0.004	(19)		01/90	CP
01049 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC, DISSOLVED (AS ZN)	SAMPLE MEASUREMENT	******	******		******	0.0118	0.0118	(19)		01/90	CP
01090 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
ZINC TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	0.0188	0.0188	(19)		01/90	CP
01094 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
CADMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	<0.0001	<0.0001	(19)		01/90	CP
01113 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0025194	001 Y

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	10	01	TO	09	12	31

MAJOR
(SUBR LV)
F - FINAL
JEFFE
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LEAD TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	<0.004	<0.004	(19)		01/90	CP
01114 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER TOTAL RECOVERABLE	SAMPLE MEASUREMENT	******	******		******	0.009	0.009	(19)		01/90	CP
01119 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS	SAMPLE MEASUREMENT	******	******		******	******	<1.00	(2G)		01/90	CP
61406 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	1.00 DAILY MX	CHRONC TOXCTY		QTRLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME OF TREATMENT PLANT JEFFERSONTOWN WTP COUNTY JEFFERSON MONTH OF: November 2009

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		
																		RETURN		WASTED				SETTLED SLUDGE VOLUME		RAW			HAULED					
		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 x1000	MLVSS X 1000	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)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
1	4.53			7.0	7.1					8.2		66		5	54		2	1.19		35	5.5			210	200							0.14	0.06	3
2	3.56			6.8	7.2	4.0				8.3		92		6	70		2	4.49	7.77	35	7.3	3.14	2.19	200	200							0.18	0.84	10
3	3.09			6.9	7.2	4.0				8.6		290		6	202		2	1.47	6.09	28	7.3	2.84	1.93	190	190							0.22	1.00	38
4	2.82	3	3	7.0	7.2	28.0				8.4		318		8	220		2	1.55	6.91	43	7	3.02	2.08	200	190							0.34	1.60	3
5	2.43			7.0	7.1	25.0				8.2		261		7	190		2	1.55	6.32	36	6.8	2.96	2.05	190	190							0.34	1.00	3
6	2.27			6.9	7.2	30.0				8.3		390		5	299		7	1.56	6.77	36	7	3.07	2.07	200	200							0.29	0.78	3
7	2.28			7.0	7.1	26.0				8.3		198		4	146		2	1.6	5.9	32	6.9	2.82	1.91	200	190							0.28	0.06	3
8	2.12			7.0	7.2	14.0				8.2		225		4	116		2	1.57	5.22	33	6.7	2.98	2.13	200	190							0.25	0.62	3
9	2.20			7.0	7.4	8.0				12.6		213		7	115		2	1.57	6.65	32	10	3.14	2.19	200	190							0.31	0.84	3
10	2.36			6.9	7.1	10.0				8.1		91		6	146		2	1.57	5.62	34	7.1	2.91	2.05	190	180							0.41	0.84	3
11	2.15	3	3	6.9	7.2	12.0				8.2		87		4	130		2	1.54	5.71	34	7.4	2.69	2.05	200	180							0.42	0.62	3
12	2.10			6.9	7.3	9.0				8.2		189		6	185		2	1.5	7.13	30	6.9	3.1	2.16	180	180							0.58	0.62	3
13	2.12			6.7	7.3	11.0				8.3		126		7	164		2	1.52	5.9	30	6.8	2.84	2.67	180	170							0.68	1.10	3
14	2.18			7.1	7.0	14.0				8.1		105		7	93		2	1.53	5.54	30	7	3.32	2.31	190	190							0.62	0.56	3
15	2.31			7.0	7.3	11.0				8.3		49		8	96		2	1.55	5.84	30	6.7	2.94	2.06	200	180							0.60	0.06	3
16	2.24			6.9	7.0	5.0				8.2		228		7	195		2	1.57	5.93	34	6.8	3.03	2.07	180	180							0.72	0.56	3
17	3.31			7.2	7.2	9.0				8.1		71		9	97		2	1.59	5.48	34	6.6	2.89	2.02	180	180							0.94	0.95	7
18	4.03	3	3	7.0	6.8	3.0				8.3		67		8	97		2	1.58	9.95	34	6.7	2.98	2.1	170	170							0.65	0.28	77
19	3.04			7.0	7.4	4.0				8.2		182		9	145		2	1.58	7.07	42	6.9	2.96	2.02	170	170							0.81	0.06	3
20	2.60			6.9	7.1	11.0				8.4		144		9	143		2	1.59	6.12	42	7.2	2.93	2.07	170	160							0.83	0.90	3
21	2.47			7.0	7.1	8.0				8.1		88		8	48		5	1.59	5.9	44	6.8	2.86	2.01	180	170							0.73	0.06	3
22	2.53			7.0	7.0					8.3		90		7	107		2	1.59		44	6.9			180	160							0.71	0.06	3
23	2.61			7.0	7.3	5.0				9.2		107		8	85		2	1.6	5.97	49	7.4	2.89	2.01	150	150							0.72	0.06	3
24	2.61			7.1	7.3	4.0				8.9		191		2	147		2	1.59	5.09	55	7.6	2.93	2.08	150	150							0.85	0.06	3
25	2.67	3	3	7.1	7.1	18.0				9.2		83		14	149		2	1.59	4.9	50	7.2	2.81	2.01	150	150							1.06	0.06	3
26	2.47			7.0	7.1	12.0				9.0		209		12	158		4	1.58	4.88	49	7.4	2.87	2.1	150	150							0.92	0.06	3
27	2.24			7.1	7.2	9.0				9.2		223		9	323		3	1.48	4.84	45	7.6	2.91	2.16	160	150							0.73	0.06	3
28	2.24			6.8	7.0	22.0				8.4		194		9	99		2	1.59	4.46	36	7.2	2.58	1.78	170	150							0.71	0.06	5
29	2.63			6.9	7.2	16.0				8.6		398		8	220		2	1.6	3.95	20	6.8	2.39	1.73	150	150							0.84	0.06	3
30	3.10			6.9	6.9	15.0				8.7		173		10	130		2	1.57	5.92	35	7	2.79	2	160	150							0.97	0.45	3
31																																	
Tot.	79.30	12	12															49.45															
Avg.	2.64	3	3	7.0	7.2	12.4				8.6		172		7	146		2	1.648	5.994	37.03	7.083	2.914	2.072	180	173.7							0.59	0.48	4

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

25173	18885	18013	mike stephenson	9616
FLOW	CBOD	TSS	OPERATOR	CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

(502) 267-9257

PLANT TELEPHONE