



700 West Liberty Street | Louisville, KY 40203-1911
Phone: 502.540.6000 | LouisvilleMSD.org

October 10th, 2023

Crystal Dennis
300 Sower Blvd., 3rd Floor
Frankfort, Kentucky 40601

**RE: Mockingbird Valley STP, KPDES No: KY0076813
Discharge Monitoring Report for September 2023.**

Dear Ms. Dennis:

Attached are the Discharge Monitoring Report (DMR) for the Mockingbird Valley STP, for the month September 2023.

There were no overflows, exceedances or bypasses.

If you have any questions concerning the attached DMR's, please contact me at (502)264-2804.

Sincerely,

Alex Smither
Process Supervisor

CAS/MV 9/23.

Cc: V. Teague, B. Tinnel

DMR Copy of Record

| | | | |
|---------------------------|-------------------------|---------------------------|--------------------------------------------|
| Permit | | | |
| Permit #: | KY0076813 | Permittee: | Louisville and Jefferson County MSD |
| Major: | No | Permittee Address: | 700 W Liberty St Louisville, KY 40203 |
| Permitted Feature: | 001 External Outfall | Discharge: | 001-2 Domestic Wastewater |
| Facility: | | | MOCKINGBIRD VALLEY WWTP |
| Facility Location: | | | 1119 CEDAR POINT RD LA GRANGE, KY 40031 |

| | | | |
|----------------------------------|----------------------------------|----------------------|-----------------|
| Report Dates & Status | | | |
| Monitoring Period: | From 07/01/23 to 09/30/23 | DMR Due Date: | 10/28/23 |
| Status: | NetDMR Validated | | |

Considerations for Form Completion
Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

| | | | |
|------------------------------------|---------|-------------------|--------------------|
| Principal Executive Officer | | | |
| First Name: | Tony | Title: | Executive Director |
| Last Name: | Parrott | Telephone: | 502-540-6533 |

No Data Indicator (NODI)
Form NODI: --

| Code | Parameter Name | Monitoring Location | Season # | Param. NODI | Quantity or Loading | | | | | Quality or Concentration | | | | | # of Ex. | Frequency of Analysis | Sample Type | | | | | |
|-------|------------------------------------------|---------------------|----------|-------------|---------------------|---------|----------------|---------|------------------|--------------------------|--------------|----------------|---------|-------------|----------------|-----------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------|
| | | | | | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Units | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifier 3 | | | | Value 3 | Units | | | |
| 00300 | Oxygen, dissolved [DO] | 1 - Effluent Gross | 0 | -- | Sample | | | | | = | 7.8 | | | | | | 19 - mg/L | 01/90 - Quarterly | GR - GRAB | | | |
| | | | | | Permit Req. | | | | | >= | 7.0 INST MIN | | | | | | | 19 - mg/L | 01/90 - Quarterly | GR - GRAB | | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | |
| 00400 | pH | 1 - Effluent Gross | 0 | -- | Sample | | | | | = | 7.51 | | | | = | 7.51 | 12 - SU | 01/90 - Quarterly | GR - GRAB | | | |
| | | | | | Permit Req. | | | | | >= | 6.0 MINIMUM | | | <= | 9.0 MAXIMUM | 12 - SU | 01/90 - Quarterly | GR - GRAB | | | | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | |
| 00530 | Solids, total suspended | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | < | 6.0 | | < | 6.0 | 19 - mg/L | 01/90 - Quarterly | CP - COMPOS | | | |
| | | | | | Permit Req. | | | | | | <= | 30.0 MO AVG | | <= | 45.0 MX WK AV | 19 - mg/L | 01/90 - Quarterly | CP - COMPOS | | | | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | |
| 00610 | Nitrogen, ammonia total [as N] | 1 - Effluent Gross | 1 | -- | Sample | | | | | | | < | 0.2 | | < | 0.2 | 19 - mg/L | 01/90 - Quarterly | CP - COMPOS | | | |
| | | | | | Permit Req. | | | | | | <= | 4.0 MO AVG | | <= | 6.0 DAILY MX | 19 - mg/L | 01/90 - Quarterly | CP - COMPOS | | | | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | |
| 00610 | Nitrogen, ammonia total [as N] | 1 - Effluent Gross | 2 | -- | Sample | | | | | | | | | <= | 10.0 MO AVG | | <= | 15.0 DAILY MX | 19 - mg/L | 01/90 - Quarterly | CP - COMPOS | |
| | | | | | Permit Req. | | | | | | | | | | | | | | | | | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | |
| 50050 | Flow, in conduit or thru treatment plant | 1 - Effluent Gross | 0 | -- | Sample | = | 0.01 | = | 0.023 | 03 - MGD | | | | | | | | | 01/90 - Quarterly | IN - INSTAN | | |
| | | | | | Permit Req. | | Req Mon MO AVG | | Req Mon MX WK AV | 03 - MGD | | | | | | | | | | | 01/90 - Quarterly | IN - INSTAN |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | |
| 50060 | Chlorine, total residual | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | < | 0.011 | | < | 0.011 | 19 - mg/L | 01/90 - Quarterly | GR - GRAB | | | |
| | | | | | Permit Req. | | | | | | <= | 0.011 MO AVG | | <= | 0.019 DAILY MX | 19 - mg/L | 01/90 - Quarterly | GR - GRAB | | | | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | |
| 51040 | E. coli | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | = | 25.0 | | = | 25.0 | 13 - #/100mL | 01/90 - Quarterly | GR - GRAB | | | |
| | | | | | Permit Req. | | | | | | <= | 130.0 30DA GEO | | <= | 240.0 7 DA GEO | 13 - #/100mL | 01/90 - Quarterly | GR - GRAB | | | | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | |
| 80082 | BOD, carbonaceous [5 day, 20 C] | 1 - Effluent Gross | 0 | -- | Sample | | | | | | | = | 4.0 | | = | 4.0 | 19 - mg/L | 01/90 - Quarterly | CP - COMPOS | | | |
| | | | | | Permit Req. | | | | | | <= | 30.0 MO AVG | | <= | 45.0 MX WK AV | 19 - mg/L | 01/90 - Quarterly | CP - COMPOS | | | | |
| | | | | | Value NODI | | | | | | | | | | | | | | | | | |

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

| Name | Type | Size |
|----------------------------|------|---------|
| Mockingbird_Cover_9_23.pdf | pdf | 33146.0 |

Report Last Saved By

Louisville and Jefferson County MSD

User: ALEX.SMITHER@LOUISVILLEMSD.ORG
Name: Charles Smither
E-Mail: alex.smither@louisvillemmsd.org
Date/Time: 2023-10-10 12:30 (Time Zone: -04:00)

Report Last Signed By

User: ALEX.SMITHER@LOUISVILLEMSD.ORG
Name: Charles Smither
E-Mail: alex.smither@louisvillemmsd.org
Date/Time: 2023-10-10 12:30 (Time Zone: -04:00)