



MSD

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

June 26, 2007

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

RE: Cedar Creek Treatment Plant, KPDES No: KY0098540
Discharge Monitoring Report
May 2007

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) report for the Cedar Creek Wastewater Treatment Plant, for the month of May 2007. . .
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/Cedar Creek 0507.doc

Enclosures

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



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

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME MSD CEDAR CREEK STP
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

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

PERMIT NUMBER KY0075540
DISCHARGE NUMBER 001

MAJOR (USER LV)
F - FINAL
NEW EXPANSION
EFFLUENT
*** NO DISCHARGE 1 1 ***

ACTIVITY MSD CEDAR CREEK STP
LOCATION LOUISVILLE KY
ATTN: DEBORAH NEWTON

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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			
00000 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				9.0			MG/L	0	3/1	COND
	PERMIT REQUIREMENT				INST MIN			MG/L		WEEK	
00400 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.2		7.5	5U	0	3/1	COND
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	5U		WEEK	
00500 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5412.3	5537			229	206	MG/L	0	3/1	COND
	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
00550 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	36.31	42.37			2	2	MG/L	0	3/1	COND
	PERMIT REQUIREMENT	1675	2515	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
00600 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	348.6	420.44			14.4	18.5	MG/L	0	3/1	COND
	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
00650 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.51	2.87			0.10	0.10	MG/L	0	3/1	COND
	PERMIT REQUIREMENT	250	575	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
00685 0 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	13.03	32.37			0.58	0.99	MG/L	0	3/1	COND
	PERMIT REQUIREMENT	65	74	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.G. 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
Deborah E. Newton

TELEPHONE DATE
502 540-6000 07 6 25
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
NEW EXPANSION
EFFLUENT

JEFF 5

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

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

AME MSD CEDAR CREEK STP
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

KY0098540
PERMIT NUMBER

0012
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY
	07	02	01				

ACILITY MSD CEDAR CREEK STP
LOCATION LOUISVILLE KY
ATTN: DEBBIE NEWTON

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LOW IN CONDUIT OR THRU TREATMENT PLANT		3.38	9.98	(03)	*****	*****	*****		0	4/4	4/1
30050 1 0 0		REPORT	REPORT		*****	*****	*****			QUART	
EFFLUENT GROSS VALUE		MG AVG	DAILY MX	MGD						WEEK	
COLIFORM, FECAL						3	6	(10)	0	3/7	COMB
GENERAL		*****	*****	*****	*****	200	400	1	0	WEEK	
34055 1 0 0						300A GED	7 DA GED	100ML		WEEK	
EFFLUENT GROSS VALUE										WEEK	
300 5 DAY, 20C		3749.34	5086.92	(20)		156	183	(17)	0	3/7	COMB
30082 4 0 0		REPORT	REPORT		*****	REPORT	REPORT			WEEK	
RAW SEW/INFLUENT		MG AVG	MX WK AV	LBS/DY		MG AVG	MX WK AV	MG/L		WEEK	
300 5 DAY, 20C		48.09	57.38	(20)		2	2	(17)	0	3/7	COMB
30082 1 0 0		025	738		*****	10	15			WEEK	
EFFLUENT GROSS VALUE		MG AVG	MX WK AV	LBS/DY		MG AVG	MX WK AV	MG/L		WEEK	
300 5 DAY, 20C						97%		(25)	0	1/31	COMB
250 G. PERCENT REMVL		*****	*****	*****	*****	85	*****	*****		MONTH	
30091 1 0 0						MG MIN		PER-CENT		MONTH	
PERCENT REMOVAL										MONTH	
SOLIDS, SUSPENDED						96.3%		(25)	0	1/31	COMB
PERCENT REMOVAL		*****	*****	*****	*****	85	*****	*****		MONTH	
31011 1 0 0						MG MIN		PER-CENT		MONTH	
PERCENT REMOVAL										MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. E. SCARLETT JR.
EXECUTIVE DIRECTOR

TYPED OR PRINTED

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James E. [Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

502 545 6000

AREA CODE

NUMBER

DATE

07 6 25

YEAR

MO

DAY

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

NAME OF TREATMENT PLANT CEDAR CREEK WTP

COUNTY JEFFERSON

MONTH OF: May 2007

KPDES PERMIT NUMBER KY0098540

PLANT CAPACITY 7.5 MGD

RECEIVING STREAM CEDAR CREEK

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		
		GRT 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	WASTED GAL/DAY X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLYSS (mg/L) X 1000	30 MIN.	60 MIN.	RAW		HAULED		NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)		
																										GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS			% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000
1	3.06										304	1	268	2	1643	5420	460	2.6	2625	2200	410	300									0.10	3	
2	3.08			7.3	7.2				9.6		232	1	170	2	1124	4730	500	2	2465	2105	370	320									0.10	3	
3	4.18			7.4	7.2				9.8		83	1	112	2	1651	4810	450	2.6	2605	2280	380	300									0.10	3	
4	6.59			7.3	7.4				9.2					2125	4370	500	3.2	2770	2400	420	340												
5	6.72													3817		470	3				375	300											
6	3.61													3838		501	3.2				380	320											
7	9.98	3	3											3842	5810	540	3	2895	2475	480	350												
8	2.71										151	2	98	2	2444	5600	470		2485	2175	400	340									0.10	3	
9	3.40			7.4	7.4				10.2		189	2	102	2	1666	5840	450	3.4	2715	2305	450	340									0.10	3	
10	3.02			7.3	7.4				10.0		173	1	88	2	1654	4920	470	3.2	2590	2340	440	330									0.10	3	
11	2.93			7.4	7.3				9.8					1596	5590	460	3.4	2650	2180	460	340												
12	3.42													1839		450					450	340											
13	3.61													1743		450					460	350											
14	3.28	3	3											1606	5910	500	4	2810	2400	480	360												
15	3.96										7	27	67	2	1337	6060	500	3.6	2840	2380	460	380									0.10	3	
16	2.29			7.4	7.3				10.0		128	1	95	2	1760	6840	580	3	2870	2315	460	360									0.10	3	
17	2.31			7.3	7.4				9.8		189	3	157	2	1777	5910	480	3.6	2695	2250	440	340									0.10	3	
18	3.17			7.5	7.4				10.0					1619	5710	500	3	2655	2195	460	320												
19	3.27													1536		500					460	310											
20	2.75													1613		460					440	320											
21	2.51	3	3											1753	4700	500	2	2580	2100	400	290												
22	2.87										610	2	244	1	1683	4360	440	2.8	2540	2155	400	330									0.10	3	
23	2.78			7.5	7.3				9.8					1581	4820	480	2.6	2530	2140	400	320												
24	2.27			7.3	7.3				9.6		434	2	313	2	1755	4330	440	2.2	2285	1965	360	340									0.10	13	
25	2.32			7.3	7.2				9.4					1725	4520	450	2.4	2360	1985	410	340												
26	1.67													1794		451					420	340											
27	2.37													1605		462					410	380											
28	2.29	3	3											1736		460					390	340											
29	3.07													1797	4170	450	2.8	2545	2230	400	340												
30	2.26													1801	5160	440	3	2525	2200	400	350												
31	2.98													1760	3940	500	2.6	2765	2335	470	340												
Tot.	####	12	12																														
Avg.	3.38	3	3	7.4	7.3				9.8		227	4	156	2	1910	5151	476.3	2.922	2627	2232	423.7	334.5									0.10	3	

RESIDENTIAL
COMMERCIAL
INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
32175
FLOW
25818
CBOD
30493
TSS

OPERATOR

CERT. NO.

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

PLANT TELEPHONE