



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

May 22, 2009

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

RE: Cedar Creek Treatment Plant, KPDES No: KY0098540
Discharge Monitoring Report
April 2009

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Cedar Creek Wastewater Treatment Plant, KPDES No.: KY0098540 for the month of April 2009.

Also included are a discharge report and a bypass letter for the month of April.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Cedar Creek 0409.doc

Enclosures

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



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



MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
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April 20, 2009

Mr. Charlie Roth, District Supervisor
KY Division of Water
Louisville Regional Office
9116 Leesgate Road
Louisville, KY 40222-5084

Re: Bypass Report for the Cedar Creek WTP – KPDES Permit KY0098540

Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 PM on April 20, 2009, referencing Work Order 898050 as a plant bypass. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: Due to elevated influent plant flow caused by a recent storm event, 16,500 gallons of screened sewage was discharged from a manhole on our plant drainage system. This was caused by one or more of the following:
 - 1. The East wet well influent pumps were not in Automatic control mode which did not allow these pumps to run when wet well level increased.
 - 2. Due to increased flow of the original plant secondary aeration system, caused surcharge and overflowed the gates into the new secondary aeration system in which the drain valves were open. This caused an increase of volume to the plant drainage system that contributed to overflow.
- Period of noncompliance: Starting 11:49 PM on April 19, 2009 and stopping 12:22 AM on April 20, 2009.
- Steps taken or planned to reduce, eliminate and prevent recurrence: We will leave all plant influent pumps that are operational in Automatic control mode which will allow pumps to run when control scheme calls them to do so. Also, we will make every effort to ensure plant drain system is closed during wet weather events.

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-239-7695, my cell phone at (502)-396-7543 or via email at Ries@msdlouky.org.

Sincerely,

Kevin D. Ries

Process Supervisor-Operations



Mr. Charlie Roth, District Supervisor
KY Division of Water
Page 2

cc: Gary Levy, KDEP
Paula Purifoy, MSD
eB File



Report Selections: Excluding PPI, CSO, Prob Code: BYPAS, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0098540	Facility ID MSD0289	Water Quality Treatment Center CEDAR CREEK	Receiving Stream of Treatment Center CEDAR CREEK	Region CENT
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Facility Type SPL Sewer Treatment Plant	Facility ID MSD0289	Facility Address 8605 CEDAR CREEK RD	If Pump Station, Name of Pump Station:	Receiving Stream CEDAR CREEK	Discharge to GROUND
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Status Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	898050	04/19/09 11:49 PM	ELDER	LAMB DIN JR	REPAIRED - ISSUE RESOLVED	04/19/09	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE - WATERS	04/20/09 12:22 AM	

Spot Inspections:

Discharge Amount: 16,500 GAL

Cause: RAIN EVENT IN AREA CAUSING PLANT DRAINS TO OVERWHELM WETWELL. 4 OF THE PUMPS WERE OUT OF SERVICE FOR MAINTENANCE OF THE WETWELL & OPS FAILED TO RESET

Clean Up: MSD CLEANED & SANITIZED AREA & SPREAD LIME.

Control Zone: TEMPORARY SIGNS POSTED AROUND AFFECTED AREA. PERMANENT SIGNS ALONG CREEK

Impact: SEWAGE TO CREEK

Repair: REPLACED MH COVER

Notifications:

04/20/09 09:36 AM DISPUB TEMPORARY SIGNS POSTED AROUND AFFECTED AREA. PERMANENT SIGNS ALONG CREEK

04/20/09 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 1
Total Work Orders Printed: 1

NAME OF TREATMENT PLANT CEDAR CREEK WTP
 KPDES PERMIT NUMBER KY0098540

COUNTY JEFFERSON
 PLANT CAPACITY 7.5 MGD

MONTH OF: April 2009
 RECEIVING STREAM CEDAR CREEK

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				
		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	GAL/DAY X 1000	RAST ED	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLVSS (mg/L) X 1000	30 MIN.	60 MIN.	GALLONS X 1000	RAW			HAULED			NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)		
																												% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000					
1	4.86										129	6	85			3	1832	6230	420		5.4	2860	2530	540	420									0.06	4		
2	5.12	3	3	7.0	6.9				9.2		123	6	69			3	1740	6880	420		6.2	3080	2535	680	420									0.06	4		
3	12.23			7.0	7.0				9.6								1677	6240	400		5.7	2810	2465	580	400												
4	8.83																2773		420		5.8			570	420												
5	7.60										75	7	48			3	3411		400		5.6			570	400									0.06	4		
6	7.09			6.9	6.9				9.4								3511	6060	420		5.1	3265	2505	710	420												
7	5.93																3516	6520	500		6	3110	2440	700	500												
8	5.75										97	2	81			3	3440	6240	450		5	3000	2395	660	450									0.06	4		
9	5.46	3	3	7.1	7.1				9.0		91	2	65			3	2210	8090	400		4.8	2625	2055	500	400									0.06	4		
10	5.04			7.0	7.1				9.0								1753	7240	380		4.4	2720	4980	490	380												
11	6.51																1725		390		4.6			500	390												
12	5.59										111	3	61			3	1611		350		4.6			440	350									1.46	4		
13	5.31			6.9	7.0				9.2								1723	7600	380		4.9	2300	1955	450	380												
14	7.21																1927	7210	350			2420	1950	420	350												
15	6.16										85	2	55			3	1365	8110	390		6.2	2465	1955	480	390									0.06	4		
16	5.26	3	3	7.0	7.1				9.2		76	4	49			3	1854	5880	500		5	3090	2490	650	500									0.06	4		
17	4.76			6.9	7.0				9.0								2059	5180	440		4.8	2800	2290	630	440												
18	4.76																2069		450					580	450												
19	8.50										165	4	52			3	1992		400					520	400									0.45	10		
20	10.94			7.0	7.1				9.9								2620	4900	300		6.2	2010	1690	350	300												
21	8.62																3695		330		5			420	330												
22	6.45										90	7	40			3	3240	6130	420		3.2	2955		550	420									0.06	4		
23	5.02	3	3	6.8	6.9				9.3		83	2	50			3	3223	5350	550		2.9	3230	2620	730	550									0.06	4		
24	5.08			6.8	7.1				9.4								2879	4070	450		3	2760	2725	550	450												
25	5.10																3357		450					540	450												
26	5.78										113	3	62			3	2017		460					550	460									2.40	5		
27	5.52			7.0	7.0				9.2								1288		380					500	380												
28	5.45																678	4070	250		3.6	1365	1055	360	250												
29	4.19																1955	4640	260		4.6	20701	1610	420	260												
30	4.13	3	3														1720	3860	300		4	1850	1380	340	300												
31																																					
Tot.	188.25	15	15														68860																				
Avg.	6.28	3	3	7.0	7.0				9.3		103	4	60			3	2295.3	6025	400.3		4.858	3571	2296	532.7	400.3									0.40	4		

RESIDENTIAL
 COMMERCIAL
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

59762 FLOW
 18394 CBOD
 25710 TSS

Joseph Shaun Smith
 OPERATOR

17987
 CERT. NO.

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

502-239-7695
 PLANT TELEPHONE

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

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

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

JEFFC

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

KY0092540
PERMIT NUMBER

0012
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	09	01		07	09	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 EFFLUENT GROSS VALUE	*****	*****	*****	*****	8.6	*****	*****	MG/L		0 1/2	EW
	PERMIT REQUIREMENT	*****	*****	*****	7.0	*****	*****	MG/L		0 1/2	EW
	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		0 1/2	EW
PH 00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	6.9	*****	7.0	BU		0 1/2	EW
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	7.0	BU		0 1/2	EW
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	BU		0 1/2	EW
SOLIDS, TOTAL SUSPENDED 00500 0 0 0 RAW SEW/INFLUENT	5197	6466	(25)	*****	*****	103	119	MG/L		0 1/2	CP
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	REPORT	REPORT	MG/L		0 1/2	CP
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		0 1/2	CP
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	203	314	(25)	*****	*****	4	6	MG/L		0 1/2	CP
	PERMIT REQUIREMENT	1875	2815	*****	*****	30	45	MG/L		0 1/2	CP
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		0 1/2	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	537	614	(25)	*****	*****	11	13	MG/L		0 1/2	CP
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	REPORT	REPORT	MG/L		0 1/2	CP
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		0 1/2	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	21	41	(25)	*****	*****	0.4	0.8	MG/L		0 1/2	CP
	PERMIT REQUIREMENT	625	908	*****	*****	10	15	MG/L		0 1/2	CP
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		0 1/2	CP
PHOSPHORUS, TOTAL (AS P) 00665 1 3 0 EFFLUENT GROSS VALUE	17	20	(25)	*****	*****	0.3	0.4	MG/L		0 1/2	CP
	PERMIT REQUIREMENT	125	185	*****	*****	2.0	3.0	MG/L		0 1/2	CP
	PERMIT REQUIREMENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		0 1/2	CP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M. J. ... 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		DATE		
			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)

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

NAME M&D CEDAR CREEK STP
ADDRESS 070 CEDAR CREEK STP
5405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY M&D CEDAR CREEK STP
LOCATION LOUISVILLE KY
ATTN: DANNIE THOMASSON, SR METRO OPS

470075540
PERMIT NUMBER

0012
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
NEW EXPANSION
EFFLUENT
*** NO DISCHARGE 1 1 88

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
87	07	01		87	07	01

FROM

TO

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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	628	7.35	(G3)	*****	*****	*****					
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	*****	*****					
PERMIT REQUIREMENT	NO AVG	DAILY MX	MGD								
COLIFORM, FECAL GENERAL	*****	*****		*****	4	5	(15)		1	1/7	CP
EFFLUENT GROSS VALUE	*****	*****		*****	200	400	(15)				
PERMIT REQUIREMENT	*****	*****		*****	300A GED	7 DA GED	100ML				
BOD, (CARBONACEOUS) 05 DAY, 20C	2915	3229	(26)	*****	1.1	69	(15)		2	1/7	CP
EFFLUENT GROSS VALUE	REPORT	REPORT		*****	REPORT	REPORT					
PERMIT REQUIREMENT	NO AVG	MX WK AV	LBS/DY		NO AVG	MX WK AV	MG/L				
BOD, (CARBONACEOUS) 05 DAY, 20C	149	166	(26)	*****	3	3	(15)		1	1/7	CP
EFFLUENT GROSS VALUE	825	938		*****	10	15	(15)				
PERMIT REQUIREMENT	NO AVG	MX WK AV	LBS/DY		NO AVG	MX WK AV	MG/L				
BOD, (CARBONACEOUS) 5 DAY, 20C	*****	*****		75	*****	*****	(20)		0	1/7	CP
PERCENT REMOVAL	*****	*****		NO MIN	*****	*****	PERCENT				
PERMIT REQUIREMENT	*****	*****		*****	*****	*****	PERCENT				
BOD, (CARBONACEOUS) 5 DAY, 20C	*****	*****		96	*****	*****	(20)		0	1/31	CP
PERCENT REMOVAL	*****	*****		NO MIN	*****	*****	PERCENT				
PERMIT REQUIREMENT	*****	*****		*****	*****	*****	PERCENT				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
DANNIE THOMASSON, SR.
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
Dannie Thomasson, Sr.

TELEPHONE DATE
AREA CODE NUMBER YEAR MO DAY
502 541 1111 87 07 27

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