



MSD

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

March 20, 2007

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

RE: Floyds Fork Wastewater Treatment Plant, KPDES No: KY0102784
Discharge Monitoring Report
February 2007

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Floyds Fork Wastewater Treatment Plant, for the month of February 2007.

If you have any questions concerning the attached DMR's, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/ Floyds Fork 0207

Enclosures

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



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

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

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

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

NAME PRO FLOYDS FORK STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
1572 ALDENQUIN HWY
LOUISVILLE KY 40211-2497
FACILITY PRO FLOYDS FORK STP
LOCATION LOUISVILLE KY 40245
ATTN: ALEX E NOVAK, OPER MGR

| KY0102784 | | | 001 1 | | | |
|-------------------|----|-----|------------------|------|----|-----|
| PERMIT NUMBER | | | DISCHARGE NUMBER | | | |
| MONITORING PERIOD | | | | | | |
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 02 | 01 | | 07 | 02 | 28 |

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 | | | |
| OXIDIZ. DEMAND (BOD) | 0.0 | ***** | ***** | | 9.7 | ***** | ***** | (19) | 0 | 3/7 | 6.0 |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | INST MIN | ***** | ***** | MG/L | | FREE/ | WEEK |
| OD400 | 0.0 | ***** | ***** | | 7.3 | ***** | 7.0 | (19) | 0 | 3/7 | 6.0 |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | MINIMUM | ***** | MAXIMUM | MG/L | | FREE/ | WEEK |
| SOLIDS, TOTAL SUSPENDED | 1999 | 3297 | (26) | ***** | 168 | 207 | (19) | 0 | 3/7 | 6.0 | |
| RAW SEM/INFLUENT | PERMIT REQUIREMENT | REPORT MO AVG | REPORT MX WK AV | LBS/DY | REPORT MO AVG | REPORT MX WK AV | MG/L | | FREE/ | WEEK | |
| SOLIDS, TOTAL SUSPENDED | 21 | 61 | (26) | ***** | 1.9 | 2.0 | (19) | 0 | 3/7 | 6.0 | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 813 MO AVG | 1220 MX WK AV | LBS/DY | 30 MO AVG | 45 MX WK AV | MG/L | | FREE/ | WEEK | |
| NITROGEN, AMMONIA TOTAL (AS N) | 177 | 256 | (26) | ***** | 19.7 | 17.0 | (19) | 0 | 3/7 | 6.0 | |
| RAW SEM/INFLUENT | PERMIT REQUIREMENT | REPORT MO AVG | REPORT MX WK AV | LBS/DY | REPORT MO AVG | REPORT MX WK AV | MG/L | | FREE/ | WEEK | |
| NITROGEN, AMMONIA TOTAL (AS N) | 8.9 | 32.8 | (26) | ***** | 0.37 | 1.23 | (19) | 0 | 3/7 | 6.0 | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 136 MO AVG | 205 MX WK AV | LBS/DY | 5 MO AVG | 1.5 MX WK AV | MG/L | | FREE/ | WEEK | |
| PHOSPHORUS, TOTAL (AS P) | 0.138 | 0.378 | (19) | ***** | 0.138 | 0.378 | (19) | 0 | 3/7 | 6.0 | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | *** | 1.0 MO AVG | 1.5 MX WK AV | MG/L | | FREE/ | WEEK | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schaefer Jr.
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

| TELEPHONE | | DATE | | |
|-----------|----------|------|----|-----|
| AREA CODE | NUMBER | YEAR | MO | DAY |
| 502 | 291 2678 | 07 | 03 | 20 |

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
MUNICIPAL DISCHARGE
EFFLUENT
*** NO DISCHARGE [] ***

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

NAME MSD FLOYDS FORK RTP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4502 ALBONQUIN PKWY
LOUISVILLE KY 40211-2477
FACILITY MSD FLOYDS FORK RTP
LOCATION LOUISVILLE KY 40245
ATTN: ALEX E NOVAK, OPER MGR

KY0102784
PERMIT NUMBER

001
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 07 | 01 | | 07 | 02 | 20 |

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 THROUGH TREATMENT PLANT | 2.17 | 2.44 | (03) | ***** | ***** | ***** | | | | | |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | MO AVG | DAILY MX | MOD | ***** | ***** | ***** | **** | | MONTH | LOADING |
| COLIFORM FECA GENERAL | 4 | 6 | (13) | ***** | 200 | 400 | | | | 3/7 | LOADING |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | MO AVG | MX WK AV | LBS/DY | ***** | 3000 GED | 7 DA GED | 100ML | | WEEK | LOADING |
| TOD, CARBONACEOUS | 1324 | 2196 | (26) | ***** | 110 | 137 | (17) | | | 3/7 | LOADING |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | MO AVG | MX WK AV | LBS/DY | ***** | REPORT | REPORT | MO/L | | WEEK | LOADING |
| TOD, CARBONACEOUS | 33 | 68 | (26) | ***** | 2.3 | 3.0 | (17) | | | 3/7 | LOADING |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | MO AVG | MX WK AV | LBS/DY | ***** | 10 | 15 | MG/L | | WEEK | LOADING |
| 5-DAY, 20 DEG C, PERCENT REMVL | 97.2% | | | | 97.2% | | | | | 2/28 | LOADING |
| PERCENT REMOVAL | PERMIT REQUIREMENT | MO MIN | | | MO MIN | | | PERCENT | | MONTH | LOADING |
| SOLIDS, SUSPENDED | 98.3% | | | | 98.3% | | | | | 1/28 | LOADING |
| PERCENT REMOVAL | PERMIT REQUIREMENT | MO MIN | | | MO MIN | | | PERCENT | | MONTH | LOADING |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | | |
|--|---|--|------------------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER M.S. Schreiber Jr Area Director | 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 |
| TYPED OR PRINTED | | | 241-7093 | 07 | 03 | 20 |

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

NAME OF TREATMENT PLANT Floyds Fork

COUNTY Jefferson

Month of: February 2007

Avg. Flow: 2.06

| Date | Rainfall | Sludge Disposal | |
|------|----------|-----------------|---|
| | | in Gallons | Remarks |
| 1 | 0 | 44100 | maint. Repaired #1 alum pumps. pm`ed safety shower&eyewash |
| 2 | 0 | 50400 | |
| 3 | 0 | 37800 | |
| 4 | 0 | 0 | |
| 5 | 0 | 75600 | collected composite samples |
| 6 | 0 | 37800 | collected composite samples |
| 7 | 0 | 63000 | pm`ed#1 sandfilters |
| 8 | 0 | 56700 | pm`ed#1 bar screens |
| 9 | 0 | 56700 | collected composite samples |
| 10 | 0 | 0 | |
| 11 | 0 | 0 | |
| 12 | 0.1 | 50400 | collected composite samples |
| 13 | 0.85 | 37800 | collected composite samples |
| 14 | 0 | 37800 | checked manhole in field for inf. Pump station |
| 15 | 0 | 56700 | entered mor`s for jan. 2007 |
| 16 | 0 | 31500 | collected composite samples& fecals received a load of sodium aluminat |
| 17 | 0 | 0 | |
| 18 | 0 | 0 | |
| 19 | 0 | 41000 | collected composite samples& fecals |
| 20 | 0 | 0 | collected composite samples& fecals. Checked manhole in field for inf. ps |
| 21 | 0 | 18900 | pm`ed fire ext.& first aide kit |
| 22 | 0 | 69300 | |
| 23 | 0 | 37800 | collected composite samples& fecals, pm`ed aerators and safety shower&eye |
| 24 | 0 | 44100 | |
| 25 | 0 | 0 | |
| 26 | 0 | | collected compositesamples&fecals switched to #2 blower |
| 27 | 0 | 37800 | collected composite samples&fecals |
| 28 | 0 | 31500 | pm`ed blowers |
| 29 | | 0 | |
| 30 | | 0 | |
| 31 | | 0 | |