



MSD

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

November 21, 2008

Ms Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

RE: Floyds Fork Wastewater Treatment Plant, KPDES No: KY0102784
Discharge Monitoring Report for October 2008.

Dear Ms Bentley

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operator Report (MOR)
For the Floyds Fork wastewater treatment plant for the month of October 2008.

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 1008

Enclosures

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



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

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

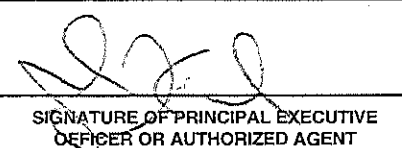
NAME MSD FLOYDS FORK STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSD FLOYDS FORK STP
LOCATION LOUISVILLE KY 40245
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0102784	001 1						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL DISCHARGE EFFLUENT
*** NO DISCHARGE 1 ***
NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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	SAMPLE MEASUREMENT	*****	*****		7.2	*****	*****	(17)	0	3/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		FREE/	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.2	*****	8.5	(12)	0	3/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0	BU		FREE/	GRAB
SOLIDS, TOTAL SUSPENDED 00530 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	2893.0	3436.0	(26)	*****	212.0	233.0	(17)	0	3/7	Comp
	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		FREE/	COMPOS
		MO AVG	MX WK AV			MO AVG	MX WK AV			WEEK	
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	27.0	31.0	(26)	*****	2.0	2.0	(17)	0	3/7	Comp
	PERMIT REQUIREMENT	513	1220	LBS/DY	*****	30	45	MG/L		FREE/	COMPOS
		MO AVG	MX WK AV			MO AVG	MX WK AV			WEEK	
NITROGEN, AMMONIA TOTAL (AS N) 00610 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	279.0	305.0	(26)	*****	21.0	23.0	(17)	0	3/7	Comp
	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		FREE/	COMPOS
		MO AVG	MX WK AV			MO AVG	MX WK AV			WEEK	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.0	4.0	(26)	*****	0.10	0.	(17)	0	3/7	Comp
	PERMIT REQUIREMENT	54	51	LBS/DY	*****	2	3	MG/L		FREE/	COMPOS
		MO AVG	MX WK AV			MO AVG	MX WK AV			WEEK	
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.30	0.50	(17)	0	3/7	Comp
	PERMIT REQUIREMENT	*****	*****	****	*****	1.0	1.5	MG/L		FREE/	COMPOS
		*****	*****	****		MO AVG	MX WK AV			WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Dir H.J. Schadtler Jr 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)

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

NAME MSO FLOYDS FORK STP
 ADDRESS C/O CEDAR CREEK STP
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSO FLOYDS FORK STP
 LOCATION LOUISVILLE KY 40245
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KYD1027B4
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL
 MUNICIPAL DISCHARGE
 EFFLUENT

Form Approved.
 OMB No. 2040-0004

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	10	31		05	10	31

*** NO DISCHARGE [] ***

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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 50050 I O O	1.59	1.79	(03)	*****	*****	*****		0	1/2	1/2	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		UNIT IN UNIT IN UOUS	
COLIFORM, FECAL GENERAL 74055 I O O	*****	*****	*****	*****	4.0	10.0	(13)	0	3/7	Grab	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	30DA GEO	400 #/ 7 DA GEO	100ML			FREE/ GRAB WEEK	
BOD, CARBONACEOUS 05 DAY, 20C 80082 O O O	1535.0	1792.0	(26)	*****	115.0	134.0	(19)	0	3/7	Comp	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE/ COMPOS WEEK	
BOD, CARBONACEOUS 05 DAY, 20C 80082 I O O	46.0	47.0	(26)	*****	3.0	3.0	(19)	0	3/7	Comp	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	271	407	LBS/DY	*****	10	15	MG/L		FREE/ COMPOS WEEK	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 K O O	*****	*****	*****	*****	97.0%	*****	*****	(28)	0	1/31	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		UNCE/ CALCU MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K O O	*****	*****	*****	*****	99.0%	*****	*****	(28)	0	1/31	Cal
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		UNCE/ CALCU MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 H. J. Schodai, Jr
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 DATE
 AREA CODE NUMBER YEAR MO DAY
 502 546-6000 08 11 25

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

NAME MSD FLOYDS FORK STP
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD FLOYDS FORK STP
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 ATTN: DENNIS THOMASSON, SR METRO OPS

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

Form Approved
 OMB No. 2040-0004

KY0102784
 PERMIT NUMBER

001 Y
 DISCHARGE NUMBER

MAJOR
 (SUBR LV)
 F - FINAL

JEFFE

QUARTERLY METALS/BIO-MONITORING
 EFFLUENT

*** NO DISCHARGE [] ***

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MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
00	10	01		00	10	01

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	268	268	(19)	0	1/31	Comp
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		MONTH	
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.0355	0.0355	(19)	0	1/31	Comp
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		MONTH	
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	<0.0001	<0.0001	(19)	0	1/31	Comp
TOXICITY, FINAL CONC. TOXICITY UNITS 61406 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		MONTH	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<1.0	(20)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.00 CHRONIC TOXCTY				

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 H. J. Schabert, Jr.
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 502 546-6660
 DATE
 08 11 25
 AREA CODE NUMBER YEAR MO DAY

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