



MSD

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

July 23, 2008

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 for June 2008.

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operator Report (MOR)
For the Floyds Fork wastewater treatment plant for the month of June 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 0608

Enclosures

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



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

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

IAME 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 PERMIT NUMBER
 001 1 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
05	05	01	TO	05	05	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)	7.2	*****	*****	(19)	7.2	*****	*****	MG/L	0	3/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		FREE/GRAB	WEEK
00400 1 0 0 EFFLUENT GROSS VALUE	7.9	*****	*****	(12)	7.9	*****	8.4	MG/L	0	3/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	MG/L		FREE/GRAB	WEEK
SOLIDS, TOTAL SUSPENDED	2608	*****	3086	(26)	*****	170.0	194.0	MG/L	0	3/7	Comp
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	*****	REPORT	REPORT	REPORT	MG/L		FREE/COMPLIS	WEEK
00530 0 0 0 RAW SEW/INFLUENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L	MG/L		FREE/COMPLIS	WEEK
SOLIDS, TOTAL SUSPENDED	31	*****	36	(26)	*****	2.0	2.0	MG/L	0	3/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	813	1220	*****	30	45	*****	MG/L		FREE/COMPLIS	WEEK
00530 1 0 0 EFFLUENT GROSS VALUE	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L	MG/L		FREE/COMPLIS	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	209	*****	234	(26)	*****	14.0	16.0	MG/L	0	3/7	Comp
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	*****	REPORT	REPORT	REPORT	MG/L		FREE/COMPLIS	WEEK
00610 0 0 0 RAW SEW/INFLUENT	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L	MG/L		FREE/COMPLIS	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	3.0	*****	5.0	(26)	*****	0.23	0.39	MG/L	0	3/7	Comp
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	54	81	*****	2	3	*****	MG/L		FREE/COMPLIS	WEEK
00610 1 1 0 EFFLUENT GROSS VALUE	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L	MG/L		FREE/COMPLIS	WEEK
PHOSPHORUS, TOTAL (AS P)	1.0	*****	1.5	(17)	*****	1.0	1.5	MG/L	0	3/7	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	1.0	1.5	*****	MG/L		FREE/COMPLIS	WEEK
00665 1 0 0 EFFLUENT GROSS VALUE	MO AVG	MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L	MG/L		FREE/COMPLIS	WEEK

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.J. Schadrin 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 NUMBER 211 9093
 DATE YEAR 08 MO 07 DAY 23

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

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

KY0102784
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL

JEFFS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	06	01		08	06	30

MUNICIPAL DISCHARGE
EFFLUENT

*** NO DISCHARGE [] ***

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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	1.77	2.88	(03)	*****	*****	*****		0	1/2	1/2
30050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MOD	*****	*****	*****	****		CONTIN	CONTIN
EFFLUENT GROSS VALUE								****		UOUS	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	8.0	31.0	(13)	0	3/7	Grab
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	#/		FREE/	GRAB
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML		WEEK	
BOD, CARBONACEOUS 25 DAY, 20C	SAMPLE MEASUREMENT	1208	1440	(26)	*****	79.0	51.0	(19)	0	3/7	Loop
30082 0 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/	COMPLIS
RAW SEW/INFLUENT										WEEK	
BOD, CARBONACEOUS 25 DAY, 20C	SAMPLE MEASUREMENT	46	54	(26)	*****	3.0	3	(19)	0	3/7	Loop
30082 1 0 0	PERMIT REQUIREMENT	271	407		*****	10	15			FREE/	COMPOS
EFFLUENT GROSS VALUE		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
BOD, CARE-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		96.0%	*****	*****	(23)	0	1/30	Cal
30091 K 0 0	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-		UNCE/	CALCTD
PERCENT REMOVAL				****	MD MIN			CENT		MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		99.0%	*****	*****	(23)	0	1/30	Cal
31011 K 0 0	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-		UNCE/	CALCTD
PERCENT REMOVAL				****	MD MIN			CENT		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.J. Schardew 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		
			508 AREA CODE	241-9093 NUMBER	08 YEAR	07 MO

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

