

# MSD

Metropolitan Sewer District

Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

December 15, 2009

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

RE: Floyds Fork WQTC, KPDES No: KY0102784  
Discharge Monitoring Report for November 2009.

Dear Ms Bentley

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operator Report (MOR) for the Floyds Fork WQTC for the month of November 2009.

There were no exceedences , bypass reports or overflow reports for this month.

If you have any questions concerning the attached DMR's, please contact me at (502)587-5856.

Sincerely,



D.J. Rheinlaender  
Process Supervisor, East Region

DJR/ Floyds Fork 1109

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

NAME FLOYDS FORK WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
1409 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY FLOYDS FORK WQTC MSD  
LOCATION LOUISVILLE KY 40245  
ATTN: DENNIS THOMASSEN, SR METRO OPS

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

XY0102784  
PERMIT NUMBER  
0011  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	11	01	07	11	01

FROM

TO

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 (OD) 00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****		8	*****	*****	( 19 )	0	3/7	GR
		*****	*****	****	INST MIN	*****	*****	MG/L		FREE/GRAB	WEEK
PH 00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	7.8	*****	8.2	( 12 )	0	3/7	GR
		*****	*****	****	MINIMUM	*****	MAXIMUM	SU		FREE/GRAB	WEEK
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 RAW SEW/INFLUENT		2946	3362	( 26 )	*****	144	172	( 19 )	0	3/7	CP
		REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		FREE/COMPL	WEEK
		MO AVG	MX WK AV		*****	MO AVG	MX WK AV			FREE/COMPL	WEEK
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE		42	56	( 26 )	*****	2	2	( 19 )	0	3/7	CP
		813	1220	LBS/DY	*****	30	45	MG/L		FREE/COMPL	WEEK
		MO AVG	MX WK AV		*****	MO AVG	MX WK AV			FREE/COMPL	WEEK
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 RAW SEW/INFLUENT		305	351	( 26 )	*****	15	18	( 19 )	0	3/7	CP
		REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		FREE/COMPL	WEEK
		MO AVG	MX WK AV		*****	MO AVG	MX WK AV			FREE/COMPL	WEEK
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE		4	11	( 26 )	*****	0.2	0.6	( 19 )	0	3/7	CP
		138	205	LBS/DY	*****	3	7.5	MG/L		FREE/COMPL	WEEK
		MO AVG	MX WK AV		*****	MO AVG	MX WK AV			FREE/COMPL	WEEK
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0.1	0.1	( 19 )	0	3/7	CP
		*****	*****	****	*****	1.0	1.5	MG/L		FREE/COMPL	WEEK
		*****	*****	****	*****	MO AVG	MX WK AV			FREE/COMPL	WEEK

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Exec. Dir  
H. J. Schindler 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  
502 546 6000 09 12 15  
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  
MUNICIPAL DISCHARGE  
EFFLUENT

JEFFE

\*\*\* NO DISCHARGE ( ) \*\*\*

NOTE: Read Instructions before completing this form.

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

NAME FLOYDS FORK WQTC MGD  
ADDRESS C/O CEDAR CREEK WQTC  
2405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY FLOYDS FORK WQTC MGD  
LOCATION LOUISVILLE KY 40245  
ATTN: DENNIS THOMASSEN, SR METRO OPS

PERMIT NUMBER KY0102784

DISCHARGE NUMBER 001

MONITORING PERIOD

FROM YEAR 07 MO 11 DAY 01 TO YEAR 07 MO 11 DAY 30

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	2.46	3.99	( 38 )	*****	*****	*****		0	C/N	C/N	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	***		CONTINUOUS	
COLIFORM, FECL	*****	*****			*****	*****		0	3/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	***	***	200	7 DA GEO	
CO <sub>2</sub> CARBONACEOUS 05 DAY, 20C	1646	1990	( 28 )	*****	*****	*****		0	3/7	CP	
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	*****	*****	***	100ML	FREE/COMPL	
CO <sub>2</sub> CARBONACEOUS 05 DAY, 20C	43	56	( 25 )	*****	*****	*****		0	3/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	271	407		*****	*****	*****	***	10	15	
DEG C. PERCENT REMOVAL	*****	*****		*****	*****	*****		0	1/30	CA	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	PER-CENT		INDEX	
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****		*****	*****	*****		0	1/30	CA	
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	PER-CENT		INDEX	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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Exec. Dir.  
N. J. Shouster  
TYPED OR PRINTED

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TELEPHONE DATE  
502 596 6055 09 12 15  
AREA CODE NUMBER YEAR MO DAY

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

