



MSD

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

September 24, 2008

Charlie Roth
Louisville Regional Office (KDOW)
9116 Leesgate Road
Louisville, KY 40222-5084

RE: Jeffersontown Treatment Plant, KPDES No: KY0025194
Discharge Monitoring Report
August 2008

Dear Mr. Roth:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR), for the Jeffersontown WTP, KPDES No.: KY0025194 for the month of August 2008. There are no Discharge Reports enclosed as there were no discharges or blending events last month.

If you have any questions concerning the attached DMR's, please contact me at (502) 239-7695.

Sincerely,

James E. Porter Jr.
Process Supervisor Central Region

JEP/Jeffersontown 0808.doc

Enclosures

cc: V. Prather (KDOW)
R. Shaw
T. Singleton



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

NAME OF TREATMENT PLANT JEFFERSONTOWN WTP
 KPDES PERMIT NUMBER KY0025194

COUNTY JEFFERSON
 PLANT CAPACITY 4.0 MGD

MONTH OF: August 2008
 RECEIVING STREAM CHENOWETH RUN

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH		SETTLABLE 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	MLVSS X 1000	WASTED	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME		RAW			HAULED			TOTAL PHOS. (mg/L)	NH3-N (mg/L)	FECAL COLIFORMS (COLONIES/100ML)		
																									30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000					
1	3.43			6.5	6.6			12.0			8.4		82		7	94	3	1.48	7.66	40		6.4	3.24	2.4	220	200								0.78	0.06	7	
2	3.12			6.9	6.9			17.0			8.0		188		7	157	3	1.48		40		5.6			230	210								0.83	0.06	3	
3	2.75			7.0	6.8			14.0			8.2		294		5	174	3	1.49		39		7			230	200								0.73	0.06	12	
4	3.06			6.6	6.8			10.0			8.1		277		7	269	3	1.5	6.44	41		5.8	3.17	2.35	240	220								0.64	0.39	269	
5	3.48			6.7	7.0			24.0			8.1		189		6	101	3	1.47	6.29	38		6.6	3.19	2.37	240	230								0.72	0.50	3	
6	3.59	3	3	6.6	7.3			13.0			8.1		360		6	196	3	1.43	6.34	42		6.7	2.98	2.06	240	230								0.68	0.45		
7	3.27			6.6	7.0			18.0			8.1		228		5	123	3	1.48	6.77	39		6.6	2.64	1.91	240	220								0.49	0.45	10	
8	2.95			6.8	7.3			16.0			8.3		227		5	173	3	1.48	6.41	39		6.4	2.59	2	260	240								0.30	0.45	1	
9	2.71			6.7	6.9			15.0			8.2		197		9	143	3	1.46		39					270	250								0.28	0.45	9	
10	2.78			6.8	6.9			14.0			8.1		200		6	113	3	1.45		39					260	250								0.27	0.39	19	
11	2.57			6.8	6.9			16.0			8.2		234		6	202	3	1.45	6.39	39		6.8	2.58	2.25	300	270								0.32	0.56	195	
12	2.98			6.7	6.9			12.0			8.0		166		14	176	3	1.43	6.69	41		6.6	2.19	1.32	280	250								0.69	0.39	110	
13	3.01	3	3	6.7	7.6			14.0			8.1		234		5	192	3	1.41	7.31	38		6.4	2.75	1.87	300	270								0.36	0.50	7	
14	3.54			6.7	7.6			15.0			8.1		207		6	119	3	1.42	6.34	41		6.4	2.73	2.12	290	270								0.45	0.62	31	
15	3.70			6.7	7.3			12.0			8.2		159		5	133	3	1.41	6.5	39		6.9	2.67	1.87	290	250								0.41	0.06	38	
16	3.19			6.7	7.2						8.0		179		5	140	3	1.4		38					290	250								0.51	0.06	17	
17	3.08			6.9	6.6						8.0		175		2	134	3	1.44		38					280	250								0.42	0.56	58	
18	3.15			6.9	6.6			15.0			8.3		211		7	198	3	1.41	6.15	38		6.8	3.09	2.09	340	310								0.36	0.62	169	
19	3.21			6.7	6.8			10.0			8.2		205		4	178	3	1.43	6.62	38		7.1	2.81	2.29	350	290								0.43	0.50	50	
20	2.25	3	3	6.6	6.6			16.0			8.1		289		8	161	3	1.44	5.73	38		6.9	3.14	2.28	360	310								0.34	0.50	35	
21	1.87			6.8	7.3			18.0			8.0		224		7	147	3	1.42	6.89	42		6.6	3.21	2.27	390	320								0.61	0.62	25	
22	1.78			6.9	7.5			18.0			8.0		182		6	103	3	1.45	5.97	38		6.7	3.06	2.21	390	320								0.52	0.56	20	
23	1.95			6.7	7.1						8.2		155		5	134	6	1.46		38		7			370	330								0.53	0.84	45	
24	2.16			6.8	7.1						8.0		282		4	185	3	1.47		38		7.2			380	350								0.57	0.39	48	
25	2.02			6.6	7.0			19.0			8.0		240		5	177	3	1.45	5.94	41		6.7	2.89	2.39	390	310								0.42	0.45	35	
26	2.10			6.6	7.2			20.0			8.2		185		5	169	3	1.45	6.39	40		7	2.64	2.14	380	300								0.31	0.78	93	
27	2.37	3	3	6.4	7.4			15.0			8.2		310		6	197	3	1.44	5.29	40		7.1	2.91	2.02	380	300								0.44	0.56	230	
28	2.07			6.6	7.0			17.0			8.1		229		5	176	3	1.46	6.05	42		7.3	3.54	2.25	300	280								0.49	0.56	90	
29	2.24			6.6	7.3			18.0			8.2		222		5	248	2	1.47	6.54	40		6.8	3.31	2.31	320	310								0.51	0.56	15	
30	2.23			6.6	7.0						8.0		198		5	134	3	1.47		40					350	320								0.52	0.34	12	
31	2.08			6.9	7.6			19.0			8.1		182		3	152	3	1.47		42					330	290								0.42	0.50	3	
Tot.		12	12															44.97																	0.50	0.44	25
Avg.	2.73	3	3	6.7	7.1			15.7			8.1		216		6	161	3	1.451	6.415	39.52		6.696	2.92	2.132	306.1	271											

RESIDENTIAL
 COMMERCIAL
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
26017 FLOW
21607 CBOD
23483 TSS

OPERATOR _____

CERT. NO. _____

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

PLANT TELEPHONE _____

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

NAME NSD JEFFERSONTOWN STP
ADDRESS C/O CEDAR CREEK STP
2408 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY NSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0025194	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	08	01		08	08	31

MAJOR (SUBR LV)
P - FINAL JEFFE
FLOW BOD TSS DO PH
EFFLUENT
*** NO DISCHARGE I...I ***
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			
OXYGEN, DISSOLVED (DO)		*****	*****		8.0	*****	*****	(19)		7/1	COND
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	7	*****	*****			THREE/	
PH		*****	*****		INST MIN	*****	*****	MG/L		WEEK	
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	10.6	*****	7.6	(12)		7/1	COND
00500 0 0 0 RAW SEW/INFLUENT		*****	*****	***	MINIMUM	*****	MAXIMUM	SU		THREE/	
SOLIDS, TOTAL SUSPENDED		*****	*****	(26)	*****	*****	*****	(19)		7/1	COND
00500 0 0 0 RAW SEW/INFLUENT		*****	*****	***	REPORT	REPORT	REPORT			THREE/	
SOLIDS, TOTAL SUSPENDED		*****	*****	(26)	*****	*****	*****	(19)		7/1	COND
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	12.1	*****	7.00	30		THREE/	
00530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	1000	*****	1501	45		THREE/	
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	(26)	*****	*****	*****	(19)		7/1	COND
00610 0 0 0 RAW SEW/INFLUENT		*****	*****	***	REPORT	REPORT	REPORT			THREE/	
00610 0 0 0 RAW SEW/INFLUENT		*****	*****	***	MG AVG	MG AVG	MG AVG			THREE/	
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	(26)	*****	*****	*****	(19)		7/1	COND
00610 1 1 0 EFFLUENT GROSS VALUE		*****	*****	***	9.62	*****	11.83	200		THREE/	
00610 1 1 0 EFFLUENT GROSS VALUE		*****	*****	***	133	*****	200	4		THREE/	
PHOSPHORUS, TOTAL (AS P)		*****	*****	(26)	*****	*****	*****	(19)		7/1	COND
00655 1 1 1 EFFLUENT GROSS VALUE		*****	*****	***	11.89	*****	18.83	1.0		THREE/	
00655 1 1 1 EFFLUENT GROSS VALUE		*****	*****	***	33	*****	50	1.5		THREE/	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCHROEDER JR.
BY DEPUTY 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
James E. Porter Jr.

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540-6000	08	09	24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

NAME NSD JEFFERSONTOWN STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY NSD JEFFERSONTOWN STP
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, BR METRO OPS

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

KY0025194
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL
FLOW BOD TSS DD PH
EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	08	01		00	08	01

FROM

*** NO DISCHARGE ***

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 50050 1 0 0 EFFLUENT GROSS VALUE	2.72	3.70	(03)	*****	*****	*****					
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	1000	*****	*****	*****	****			CONTINUOUS
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****		*****	25.0	100.3	(13)				
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/30DA GED	7 DA GED	100ML		THREE/TWICE WEEK
BOD, CARBONACEOUS 05 DAY, 20C 80082 0 0 0 RAW SEW/INFLUENT	3.29	4.24	(25)	*****	161	163	(19)				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L			THREE/TWICE WEEK
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	69.2	81.0	(25)	*****	3.00	3.00	(19)				
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	30	30	MG/L			THREE/TWICE WEEK
BOD, CARE-5 DAY, 20 DEG C, PERCENT REMVL 80091 1 0 0 PERCENT REMOVAL	*****	*****		*****	98.0	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PERCENT			ONCE/MONTH
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 PERCENT REMOVAL	*****	*****		*****	97.1	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PERCENT			ONCE/MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SHAWDIN JR
EXECUTIVE 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.

Jama E. B...
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502-546-6000
DATE
08 09 24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.