



MSD

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)

February 25, 2008

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

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

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) report for the Jeffersontown Wastewater Treatment Plant, for the month of January 2008. 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 0108.doc

Enclosures

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



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

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

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

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

KY0025194  
PERMIT NUMBER

001 Z  
DISCHARGE NUMBER

MAJOR (SUBR LV)  
F - FINAL  
FLOW BOD TSS DO PH  
EFFLUENT  
\*\*\* NO DISCHARGE [ ] \*\*\*

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	01	01		00	01	31

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)	00300 1 0 0	7.9			7.9					3/1	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	INST MIN								WEEK	
PH	00400 1 0 0	6.4			6.4	7.4				3/1	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MINIMUM				MAXIMUM				WEEK	
SOLIDS, TOTAL SUSPENDED	00530 0 0 0	9547	11054	LBS/DY		REPORT	263			3/1	COMB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MO AVG	MX WK AV			MO AVG	MX WK AV			WEEK	
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	391	802	LBS/DY		10.00	13.00			3/1	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV			MO AVG	MX WK AV			WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	00610 0 0 0	512	702	LBS/DY		14.1	14.73			3/1	COMB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	MO AVG	MX WK AV			REPORT	REPORT			WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	51.95	66.26	LBS/DY		1.50	2.00			3/1	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV			MO AVG	MX WK AV			WEEK	
PHOSPHORUS, TOTAL (AS P)	00565 1 2 1	31.77	64.02	LBS/DY		0.93	1.20			3/1	COMB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	MX WK AV			MO AVG	MX WK AV			WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHARLUS, 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
James E. Portant

TELEPHONE  
DATE  
AREA CODE NUMBER YEAR MO DAY

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

USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

MAJOR  
(SUBR LV)  
F - FINAL

JEFFE

FLOW BOB TSS DO PH  
EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

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

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8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY MSO JEFFERSONTOWN STP  
LOCATION JEFFERSONTOWN KY 40299  
ATTN: DENNIS THOMASON, SR METRO DFG

KY0025194  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

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

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 60050 1 0 0 EFFLUENT GROSS VALUE	4.18	9.27	( 03 )	*****	*****	*****				0/10	0/10
	PERMIT REQUIREMENT	MD AVG	MX WK AV	MGD	*****	*****	*****	****		CONT INCONT IN	DUOS
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	( 13 )	*****	5.00	16.15				0/1	3000
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/	100ML		FREE/GRAB	WEEK
BOD, CARBONACEOUS 5 DAY, 20C 80082 2 0 0 RAW SEW/INFLUENT	5674	6602	( 26 )	*****	170.00	218.00				0/1	Comb
	PERMIT REQUIREMENT	MD AVG	MX WK AV	LB5/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/DUMPLUS	WEEK
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	143	311	( 26 )	*****	3.00	5.00				0/1	Comb
	PERMIT REQUIREMENT	667	1001	LB5/DY	*****	20	30	MG/L		FREE/DUMPLUS	WEEK
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 1 0 0 PERCENT REMOVAL	*****	*****		*****	90.8	*****	*****	( 23 )		0/1	Calc
	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 PERCENT REMOVAL	*****	*****		*****	86.7	*****	*****	( 23 )		0/1	Calc
	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/	CALC'D
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. SANDUSIN SR.  
EXECUTIVE DIRECTOR  
TYPED OR PRINTED

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*James E. Burt Jr.*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
502 540-6000  
DATE  
08 02 25

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

NAME OF TREATMENT PLANT JEFFERSONTOWN WTP  
 KPDES PERMIT NUMBER KY0025194

COUNTY JEFFERSON  
 PLANT CAPACITY 4.0 MGD

MONTH OF: January 2008  
 RECEIVING STREAM CHENOWETH RUN

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH		SETTLEABLE 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 x1000	MLVSS X 1000	RETURN	WASTED	DISOLVED 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 COLIFORM (COLONIES/100ML)		
																										30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS				% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000
																														30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS
1	3.69												92		8	76				3							350	330						0.30	0.45	3
2	3.42	3	3	7.8	7.4			12.0					260		8	216				3							350	330						0.42	1.10	3
3	3.36			7.3	7.0			14.0					436		10	283				3							390	300						0.59	1.10	3
4	3.31			6.9	6.6			52.0																			400	300								
5	4.13																										370	300								
6	4.05																										350	300								
7	3.98																										400	300								0.94
8	4.61												144		10	110				3							340	290						1.27	2.70	18
9	4.82	3	3	6.8	6.7			31.0					368		8	199				3							340	260						0.99	0.06	13
10	9.27			6.6	6.6			30.0					166		22	98				9							280	250						1.34	1.20	18
11	5.83			7.0	7.0			15.0																			180	160								
12	5.27																										200	160								
13	5.80																										220	200								
14	4.82																										310	150								
15	4.35												132		8	111				3							350	270						0.73	1.80	3
16	4.16	3	3	6.8	6.5			10.0					168		10	161				3							350	300						0.87	1.40	3
17	3.81			6.8	6.8			20.0					150		8	128				2							400	300						0.88	2.20	8
18	3.67			6.6	6.6			10.0																			410	300								
19	3.45																										420	310								
20	3.17																										410	310								
21	3.55																										430	320								
22	3.70	3	3										192		7	209				3							450	350						0.83	1.50	3
23	3.21			6.5	6.4			15.0					262		8	232				3							500	350						0.72	2.30	3
24	3.10			7.0	6.6			15.0					256		8	213				3							500	340						0.87	2.20	3
25	2.95			7.0	7.0			20.0																			500	350								
26	3.19																										500	350								
27	3.18																										500	380								
28	3.25																										540	360								
29	5.35																										450	300								
30	4.79	3	3																								300	250								
31	4.34																										300	270								
Tot.	####	15	15																																	
Avg.	4.18	3	3	6.9	6.8			20.3					8.5		10	170				3							382.9	291.6						0.83	1.50	5

RESIDENTIAL  
 COMMERCIAL  
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT  
 39810                      34793                      36328  
 FLOW                      CBOD                      TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

PLANT TELEPHONE