



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

September 24, 2009

Carolena Bentley, DMR Coordinator
Kentucky Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort, Kentucky 40601

RE: Jeffersontown WQTC, KPDES No: KY0025194
Discharge Monitoring Report
August 2009

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Jeffersontown WQTC KPDES No.: KY0025194 for the month of August 2009.

Also included are copies of the discharge report and plant bypass(blending) letters for the month of August and the quarterly Biomonitoring DMR.

If you have any questions concerning the attached DMR's, please contact me at (502) 239-7574.

Sincerely,

Duane V. Wright
Process Supervisor Central Region

DVW/Jeffersontown 0809.doc

Enclosures

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



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

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

NAME JEFFERSONTOWN WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
5405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY JEFFERSONTOWN WQTC MSD
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSEN, SR 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 800 TSS 30 PH
EFFLUENT
*** NO DISCHARGE ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	08	01		09	08	31

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			
01000 : 0 0 EFFLUENT GROSS VALUE		*****	*****		8	*****	*****	(19)	0	0/01	GR
		*****	*****	****	7	*****	*****	MG/L		FREE/GRAB	
		*****	*****	****	INST MIN					WEEK	
01400 : 0 0 EFFLUENT GROSS VALUE		*****	*****		6.6	*****	7.8	(12)	0	0/01	GR
		*****	*****	****	5	*****	9	MG/L		FREE/GRAB	
		*****	*****	****	MINIMUM		MAXIMUM	MG/L		WEEK	
01500 : 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(19)	0	0/01	CP
		*****	*****	****	*****	*****	*****	MG/L		FREE/GRAB	
		*****	*****	****	*****	*****	*****	MG/L		WEEK	
01530 : 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(19)	0	0/01	CP
		*****	*****	****	*****	*****	*****	MG/L		FREE/GRAB	
		*****	*****	****	*****	*****	*****	MG/L		WEEK	
01560 : 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(19)	0	0/01	CP
		*****	*****	****	*****	*****	*****	MG/L		FREE/GRAB	
		*****	*****	****	*****	*****	*****	MG/L		WEEK	
01610 : 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(19)	0	0/01	CP
		*****	*****	****	*****	*****	*****	MG/L		FREE/GRAB	
		*****	*****	****	*****	*****	*****	MG/L		WEEK	
01610 : 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(19)	0	0/01	CP
		*****	*****	****	*****	*****	*****	MG/L		FREE/GRAB	
		*****	*****	****	*****	*****	*****	MG/L		WEEK	
01660 : 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(19)	0	0/01	CP
		*****	*****	****	*****	*****	*****	MG/L		FREE/GRAB	
		*****	*****	****	*****	*****	*****	MG/L		WEEK	

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

Doreen V. Wright
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
	502-540-6000	09	09	23

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

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

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

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

KY0025194
PERMIT NUMBER

001 2
DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	08	01		07	08	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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	2.90	7.99	4.15	(G3)	*****	*****	*****		0	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	MGD	*****	*****	*****	***		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL	*****	*****	*****		*****	5	6	(12)	0	%	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	1		FREE/GRAB	
BOD, CARBONACEOUS 5 DAY, 20C	3394	3902	(26)	*****	*****	153	223	(17)	0	%	CP
RAW SEW/TN FLUENT	PERMIT REQUIREMENT	MD AVG	MX WK AV	LB/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		FREE/SAMPLE	WEEK
BOD, CARBONACEOUS 5 DAY, 20C	80	132	(26)	*****	*****	3	3	(17)	0	%	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MD AVG	MX WK AV	LB/DY	*****	20	30			FREE/SAMPLE	WEEK
BOD, CARBONACEOUS 5 DAY, 20C	*****	*****		*****	*****	*****	*****	(23)	0	CA	CA
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PERCENT		ONCE/	CALCULATED
SOLIDS, SUSPENDED	*****	*****		*****	*****	*****	*****	(23)	0	CA	CA
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PERCENT		ONCE/	CALCULATED
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

Dennis V. Wright
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
	502-590-6000	09	09	23

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

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

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

MAJOR
(SUBR LV)
F - FINAL
BIOMONITORING/ONCE PER QUARTER
EFFLUENT
*** NO DISCHARGE !!! ***
JEFFS

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

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

KY0025194
PERMIT NUMBER

001 Y
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
07 07 01 TO 07 09 30

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			
BARDNESS, TOTAL (AS CaCO3) 00900 1 C 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	247	247	(17)	0	0/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPLS
SODIUM, DISSOLVED (AS CO) 01095 1 C 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0001	0.0001	(17)	0	0/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPLS
COPPER, DISSOLVED (AS CU) 01040 1 C 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.008	0.008	(17)	0	0/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPLS
LEAD, DISSOLVED (AS PB) 01049 1 C 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.004	<0.004	(17)	0	0/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPLS
ZINC, DISSOLVED (AS ZN) 01090 1 C 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0217	0.0217	(17)	0	0/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPLS
ZINC TOTAL RECOVERABLE 01094 1 C 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0217	0.0217	(17)	0	0/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPLS
CADMIUM TOTAL RECOVERABLE 01103 1 C 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0001	0.0001	(17)	0	0/90	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPLS

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

Dennis V. Wright
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 540-6000
AREA CODE NUMBER
DATE
09 08 26
YEAR MO DAY

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

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

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

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

KY0025194
PERMIT NUMBER

001 Y
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL JEFFE
BIOMONITORING/ONCE PER QUARTER
EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

*** 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			
LEAD TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	<0.004	<0.004	(19)	0	0/90	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPLS
COPPER TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.009	0.009	(19)	0	0/90	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		DIRLY	COMPLS
TOXICITY, FINAL CONC TOXICITY UNITS	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.00	(26)	0	0/90	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.00 CHRONC DAILY MX TOXCT			DIRLY	COMPLS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

Diane V. Knight
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540 6000
DATE 09 08 26
AREA CODE NUMBER YEAR MO DAY

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

NAME OF TREATMENT PLANT JEFFERSONTOWN WTP

COUNTY JEFFERSON

MONTH OF: August 2009

KPDES PERMIT NUMBER KY0025194

PLANT CAPACITY 4.0 MGD

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	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLVSS (mg/L) X 1000	30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000	TOTAL PHOS. (mg/L)	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)
1	2.84												2	140		3	1.56		38				180	170						0.25	0.06	4		
2	2.48			7.3	6.8	6.0		8.4				8	86		3	1.489		42					200	170						0.54	0.06	4		
3	2.30			6.6	6.8	8.0		8.1				2	78		3	1.481	6.415	39	7.3	2870	2070	180	180						0.32	0.06	4			
4	7.99			6.4	6.6	4.0		8.4				9	71		6	1.402	7.075	52	7.2	2830	1970	170	160						0.42	0.67	29			
5	6.18	3	3	6.8	6.8	4.0		8.7				9	59		3	1.389	10.32	38	8	2270	1690	150	150						0.32	0.06	7			
6	3.93			6.5	6.9	8.0		8.7				8	209		3	1.42	9.23	43	7.8	2910	2100	180	170						0.20	0.06	3			
7	3.31			6.6	6.8	8.0		8.3				9	221		3	1.444	6.975	41	7.6	2800	1750	170	170						0.28	0.06	4			
8	3.03			6.5	6.9			8.6				6	42		3	1.439		39	7.7			170	170						0.30	0.06	3			
9	2.87			6.4	7.2	6.0		8.6				7	94		3	1.45		39				180	170						0.30	0.06	20			
10	3.32			7.0	6.8	3.0		8.4				6	89		3	1.459	5.54	40	7.4	2780	1990	170	160						0.33	0.50	4			
11	4.31			6.6	6.8	10.0		8.4				11	78		3	1.422	8.65	38	7.3	2650	1930	160	160						0.50	0.06	4			
12	3.32	3	3	6.9	6.8	10.0		8.5				4	88		3	1.441	6.73	37	7.5	2550	1800	170	160						0.34	0.06	7			
13	2.94			6.6	6.9	10.0		8.5				5	169		3	1.426	7.79	38	7.5	2830	1980	160	150						0.49	0.06	4			
14	2.63			7.3	6.9	10.0		8.5				6	180		3	1.423	6.625	40	7.2	2890	2010	170	150						0.47	0.67	4			
15	2.71			6.8	7.1	18.0		8.2				4	136		3	1.415		38				170	160						0.45	0.73	4			
16	2.84			6.7	7.2	16.0		8.3				6	197		3	1.471		40				180	160						0.51	0.34	4			
17	2.69			6.8	7.0	15.0		8.2				5	192		3	1.418	6.375	34	7	2830	1960	170	160						0.45	0.34	7			
18	2.47			6.7	7.2	14.0		8.3				4	231		3	1.421	7.43	42	6.9	2830	2000	180	160						0.52	0.06	4			
19	2.17	3	3	6.8	7.1	24.0		8.1				7	142		3	1.428	6.96	40	6.5	3310	2430	170	160						0.72	0.67	4			
20	2.56			6.8	7.1	9.0		8.2				6	133		3	1.428	6.905	40	6.6	2570	1970	190	170						0.65	0.67	3			
21	2.19			6.9	7.8	30.0		8.2				7	91		3	1.464	8.285	42	6.5	3110	2640	170	160						0.63	0.56	4			
22	2.20			6.8	7.2			8.5				7	73		3	1.482		42				180	160						0.50	0.45	4			
23	2.08			6.9	7.1			8.6				7	134		3	1.473		41				170	160						0.50	1.10	4			
24	1.96			7.1	7.4	7.0		8.4				7	236		3	1.483	6.62	45	6.7	2970	2120	200	190						0.54	0.45	5			
25	1.93			7.0	7.5	12.0		8.4				7	287		3	1.473	6.45	47	6.9	3100	2260	190	180						0.56	0.56	4			
26	2.01	3	3	7.1	7.5	19.0		8.2				7	289		3	1.473	6.72	37	7	3060	2190	200	190						0.66	0.45	4			
27	2.15			7.0	7.5	21.0		8.0				10	146		3	1.449	7.705	36	6.8	3060	2170	200	200						0.93	0.50	4			
28	2.21			6.9	7.3	16.0		8.0				24	398		5	1.32	7.135	40		3110	2170	200	200						1.04	0.78	4			
29	2.27			6.9	7.2			8.0				5	174		3	1.303		36				210	210						0.66	0.84	3			
30	2.10			6.8	7.3	18.0		8.2				6	136		3	1.393		30	7.2			210	200						0.46	0.06	7			
31	1.97			6.9	7.2	19.0		8.4				11	139		3	1.377	7.54	32	7.2	3090	2280	220	210						0.78	0.39	3			
Tot	89.97	12	12													44.52																		
Avg.	2.90	3	3	6.8	7.1	12.5		8.3				7	153		3	1.436	7.308	39.55	7.173	2868	2070	181.3	171.6						0.50	0.37	5			

RESIDENTIAL
COMMERCIAL
INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
27641 FLOW 21762 CBOD 21514 TSS

mike stephenson
OPERATOR

9616
CERT. NO.

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

(502) 267-9257
PLANT TELEPHONE



August 6, 2009

Mr. Charlie Roth, District Supervisor
KY Division of Water
Louisville Regional Office
9116 Leesgate Road
Louisville, KY 40222-5084

Re: Bypass (Blending) Report for the Jeffersontown WTP – KPDES Permit KY0025194

Dear Mr. Roth:

In accordance with 401 KAR 5:065, MSD is providing this letter as a written report of the bypass (blending) event that occurred at the Jeffersontown Wastewater Treatment Plant (WTP). The bypass started at 10:12 AM on August 04, 2009 and stopped at 01:05 AM on August 05, 2009.

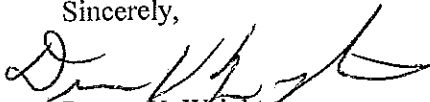
Mitigation activities to minimize the extent and impact of the discharge included maximization of plant peak flow through secondary treatment to minimize the total amount of wastewater that did not receive full secondary treatment prior to blending with secondary effluent before receiving UV disinfection, and then being discharged through the permitted outfall. The cause of the bypass (blending) event was due to significant precipitation in the service area. The bypassed (blended) effluent entered Chenoweth Run at mile point 5.3.

In the table listed below is the total number of gallons of wastewater by calendar day that was bypassed (blended) around the secondary treatment of the Jeffersontown WTP.

<u>Date</u>	<u>Start Time</u>	<u>Stop Time</u>	<u>Total Plant Flow (Vol)</u>	<u>Peak Plant Rate</u>	<u>Total Blended Flow (Vol)</u>
August 04 2009	10:12 AM	12:00 AM	7.99 MG	17.77 MGD	1.92 MG
August 05 2009	12:00 AM	01:05 AM	6.18 MG	10.61 MGD	0.01 MG

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-239-7574, my cell phone at (502)-396-9142 or via email at wrightd@msdlouky.org.

Sincerely,


Duane V. Wright
Process Supervisor-Operations

cc: Gary Levy, KDEP
Paula Purifoy, MSD
eB File





Report Selections: Excluding PPI, CSO, Prob Code: BLEND, Result: WUS, Act Code: DISDW, DISREV, DISSUS

KPDES # KY0025194	Facility ID MSD0255	Water Quality Treatment Center JEFFERSONTOWN	Receiving Stream of Treatment Center CHENOWETH RUN	Region CENT
----------------------	------------------------	---	---	----------------

Facility Type SPL Sewer Treatment Plant	Facility ID MSD0255	Facility Address 10725 OLD TAYLORSVILLE RD	If Pump Station, Name of Pump Station:	Receiving Stream CHENOWETH RUN	Discharge to STREAM
--	------------------------	---	--	-----------------------------------	------------------------

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	937958	08/04/09 10:12 AM	ELDER	WRIGHT	DOCUMENTED	01/14/07	BLENDING AT JTOWN WQTC	UNAUTHORIZED DISCHARGE - WATERS	08/05/09 02:24 AM	

Spot Inspections:

Peak Plant Flow when Blending:	17,770,000 GPD
Total Plant Flow when Blending:	14,170,000 GAL
Discharge Amount	1,932,553 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN
Clean Up:	NO CLEANUP REQUIRED, EFFLUENT RECEIVED PRIMARY AND UV TREATMENT
Control Zone:	PERMANENT SIGNS POSTED
Impact:	NO VISUAL IMPACT OBSERVED
Repair:	NEGOTIATIONS ARE UNDERWAY TO ALLOW TEMPORARY BLENDING AT THIS LOCATION

Notifications:

08/04/09 10:24 AM	DISPUB	PERMANENT SIGNS AROUND AREA & MSD WEBPAGE UPDATES
08/04/09 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
08/04/09 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 1
Total Work Orders Printed: 1