



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

December 14, 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
September 2009

Dear Ms. Bentley:

After reviewing the data, an error was found on September's MOR, which resulted in an error on the DMR. The error was the Monthly Average for Influent BOD Concentration and loading. The corrected DMR & MOR are enclosed.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Jeffersontown 0909.doc

Enclosures

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



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

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

NAME JEFFERSONTOWN WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211

FACILITY JEFFERSONTOWN WQTC MSD
 LOCATION JEFFERSONTOWN KY 40299

ATTN: DENNIS THOMASSON, SR METRO OPS

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

XY0025194
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL
 FLOW 800 TSS DD PM
 EFFLUENT

Form Approved.
 OMB No. 2040-0004

| 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 | 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 | 3.23 | 6.58 | (03) | ***** | ***** | ***** | ***** | 0 | CN | CN | |
| PERMIT REQUIREMENT | REPORT | REPORT | | ***** | ***** | ***** | ***** | | | | |
| COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | (13) | ***** | 8 | 25 | (13) | 0 | 0/1 | GR | |
| PERMIT REQUIREMENT | ***** | ***** | | ***** | 200 | 400 | | | | | |
| 50052 0 0 0 3AM SFW/INFLUENT | 3847 | 3996 | (26) | ***** | 153 | 161 | (19) | 0 | 0/1 | CP | |
| PERMIT REQUIREMENT | REPORT | REPORT | | ***** | REPORT | REPORT | | | | | |
| 50082 1 0 0 EFFLUENT GROSS VALUE | 60 | 88 | (26) | ***** | 2 | 3 | (19) | 0 | 0/1 | CP | |
| PERMIT REQUIREMENT | 667 | 1001 | | ***** | 20 | 30 | | | | | |
| 50091 0 0 0 PERCENT REMOVAL | ***** | ***** | (23) | 99 | ***** | ***** | (23) | 0 | 0/30 | CA | |
| PERMIT REQUIREMENT | ***** | ***** | | 85 | ***** | ***** | | | | | |
| 51011 0 0 0 PERCENT REMOVAL | ***** | ***** | (23) | 97 | ***** | ***** | (23) | 0 | 0/30 | CA | |
| PERMIT REQUIREMENT | ***** | ***** | | 85 | ***** | ***** | | | | | |

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Dennis Thomasson, Sr.

TELEPHONE DATE
 502 540-6000 09 10 21
 AREA CODE NUMBER YEAR MO DAY

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

USE MO AVG FOR 30D/TSS REMV/REPT IN MINIMUM COLUMN.

NAME JEFFERSONTOWN WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
4405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY JEFFERSONTOWN WQTC MSD
LOCATION JEFFERSONTOWN KY 40299
ATTN: WINNIE THOMASSEN, SR METRO OPS

KY0025194
PERMIT NUMBER

001 2
DISCHARGE NUMBER

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

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 09 | 09 | 01 | | 09 | 09 | 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) | ***** | ***** | | | 8 | ***** | ***** | (19) | 0 | 0/01 | GR |
| 00300 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 7 | ***** | ***** | MG/L | | FREE/WRAP WEEK | |
| PH | ***** | ***** | | | 6.9 | ***** | 7.8 | (12) | 0 | 29/30 | GR |
| 30400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | 6 | ***** | 7 | SU | | FREE/WRAP WEEK | |
| SOLIDS, TOTAL SUSPENDED | ***** | ***** | (26) | | ***** | 220 | 284 | (19) | 0 | 0/01 | CP |
| 00500 0 0 0 RAW SEW/INFLUENT | PERMIT REQUIREMENT | REPORT MO AVG | REPORT MX WK AV | LBS/DY | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | FREE/WRAP WEEK | UNPLS |
| SOLIDS, TOTAL SUSPENDED | ***** | ***** | (26) | | ***** | 8 | 9 | (19) | 0 | 0/01 | CP |
| 00500 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 1000 MO AVG | 1501 MX WK AV | LBS/DY | ***** | 30 MO AVG | 45 MX WK AV | MG/L | | FREE/WRAP WEEK | UNPLS |
| NITROGEN, AMMONIA TOTAL (AS N) | ***** | ***** | (26) | | ***** | 19.7 | 22.3 | (19) | 0 | 0/01 | CP |
| 00610 0 0 0 RAW SEW/INFLUENT | PERMIT REQUIREMENT | REPORT MO AVG | REPORT MX WK AV | LBS/DY | ***** | REPORT MO AVG | REPORT MX WK AV | MG/L | | FREE/WRAP WEEK | UNPLS |
| NITROGEN, AMMONIA TOTAL (AS N) | ***** | ***** | (26) | | ***** | 0.3 DVW 0.33 | 0.5 DVW 0.50 | (19) | 0 | 0/01 | CP |
| 00610 1 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 133 MO AVG | 200 MX WK AV | LBS/DY | ***** | 4 MO AVG | 5 MX WK AV | MG/L | | FREE/WRAP WEEK | UNPLS |
| PHOSPHORUS, TOTAL (AS P) | ***** | ***** | (26) | | ***** | 0.5 | 0.6 | (19) | 0 | 0/01 | CP |
| 00660 1 1 1 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 33 MO AVG | 50 MX WK AV | LBS/DY | ***** | 1.0 MO AVG | 1.5 MX WK AV | MG/L | | FREE/WRAP WEEK | UNPLS |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SHARDEIN, 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
502 540 6100 09 10 21
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.

NAME OF TREATMENT PLANT JEFFERSONTOWN WTP
 KPDES PERMIT NUMBER KY0025194

COUNTY JEFFERSON
 PLANT CAPACITY 4.0 MGD

MONTH OF: September 2009
 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 | GA/DAY X 1000 | MLSS X1000 | MLVSS X 1000 | 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 COLIFORM (COLONIES/100ML) | | | | |
| 1 | 2.48 | | | | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.82 | 0.34 | 4 |
| 2 | 2.48 | | | | 7.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.63 | 0.84 | 4 | |
| 3 | 2.46 | | | | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.66 | 0.39 | 4 | |
| 4 | 2.34 | | | | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.67 | 0.39 | 4 | |
| 5 | 2.22 | | | | 7.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.50 | 0.34 | 67 | |
| 6 | 2.35 | | | | 7.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.44 | 0.34 | 3 | |
| 7 | 2.86 | | | | 7.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.48 | 0.28 | 4 | |
| 8 | 2.87 | | | | 7.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.44 | 0.06 | 3 | |
| 9 | 2.66 | | | | 7.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.44 | 0.06 | 3 | |
| 10 | 2.56 | | | | 7.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.62 | 0.56 | 4 | |
| 11 | 2.40 | | | | 7.7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.57 | 0.73 | 4 | |
| 12 | 2.30 | | | | 7.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.46 | 0.62 | 4 | |
| 13 | 3.32 | | | | 7.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.71 | 0.50 | 3 | |
| 14 | 2.40 | | | | 7.8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.37 | 0.39 | 7 | |
| 15 | 2.50 | | | | 7.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.50 | 0.62 | 10 | |
| 16 | 2.50 | | | | 7.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.47 | 0.45 | 24 | |
| 17 | 2.45 | | | | 7.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.50 | 0.62 | 14 | |
| 18 | 2.43 | | | | 7.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.92 | 0.06 | 17 | |
| 19 | 2.41 | | | | 7.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.59 | 0.56 | 22 | |
| 20 | 4.56 | | | | 7.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.61 | 0.50 | 24 | |
| 21 | 6.11 | | | | 6.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.76 | 0.08 | 120 | |
| 22 | 3.82 | | | | 7.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.37 | 0.45 | 19 | |
| 23 | 4.07 | | | | 7.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.45 | 0.06 | 7 | |
| 24 | 4.07 | | | | 7.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.37 | 0.06 | 4 | |
| 25 | 3.93 | | | | 6.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.31 | 0.50 | 3 | |
| 26 | 4.80 | | | | 7.2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.33 | 0.06 | 4 | |
| 27 | 4.75 | | | | 7.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.55 | 0.06 | 26 | |
| 28 | 6.68 | | | | 7.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.26 | 0.06 | 4 | |
| 29 | 4.23 | | | | 7.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.20 | 0.06 | 17 | |
| 30 | 3.58 | | | | 7.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.26 | 0.06 | 4 | |
| 31 | 2.47 | | | | 7.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.48 | 0.06 | 4 | |
| Tot. | 96.99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0.51 | 0.33 | 8 |
| Avg. | 3.23 | | | | 7.5 | | | | | 8.4 | | | 220 | | | 8 | 161 | | | | | | | | | | | | | | | | | | | | |

RESIDENTIAL
 COMMERCIAL
 INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
 30790 FLOW
 25499 CBOD
 28183 TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS

SEWER CDNECTIONS 0 X 4 = 0 SEWERED PDPULATION

PLANT TELEPHONE