



700 West Liberty Street | Louisville, KY 40203-1911  
Phone: 502.540.6000 | LouisvilleMSD.org

January 19, 2024

Crystal Dennis  
300 Sower Blvd., 3rd Floor  
Frankfort, Kentucky 40601

**RE: Floyds Fork WQTC, KPDES No: KY0102784  
Discharge Monitoring Report for December 2023.**

Dear Ms. Dennis:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Floyds Fork Water Quality Treatment Center for the month of December 2023.

Also, attached is the 4<sup>th</sup> quarter biomonitoring.

There were no bypasses, overflows, or exceedances.

If you have any questions concerning the attached DMR's, please contact me at (502)540-6952.

Sincerely,

Jon Baldrige  
Process Supervisor-Operations

JOB/ Floyds Fork 12/23.

Cc: V. Teague  
B. Tinnel



81011	<b>Solids, suspended percent removal</b>	K - Percent Removal	0	--	Sample	=	100.0								23 - %	01/30 - Monthly	CA - CALCTD	
					Permit Req.	>=	85.0 MO AV MN								23 - %	0	01/30 - Monthly	CA - CALCTD
					Value NODI													

**Submission Note**

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors**

No errors.

**Comments**

**Attachments**

Name	Type	Size
FloydsForkCoverletter.pdf	pdf	37710.0
FFMOR122023.XLS	xls	341504.0

**Report Last Saved By**

**Floyds Fork WQTC MSD**

User: JON.BALDRIDGE@LOUISVILLEMSD.ORG  
 Name: Jonathan Baldrige  
 E-Mail: jon.baldrige@louisvillemmsd.org  
 Date/Time: 2024-01-19 10:56 (Time Zone: -05:00)

**Report Last Signed By**

User: JON.BALDRIDGE@LOUISVILLEMSD.ORG  
 Name: Jonathan Baldrige  
 E-Mail: jon.baldrige@louisvillemmsd.org  
 Date/Time: 2024-01-19 10:57 (Time Zone: -05:00)

## DMR Copy of Record

<b>Permit</b>																		
Permit #: <b>KY0102784</b>		Permittee: Floyds Fork WQTC MSD				Facility: FLOYDS FORK WQTC MSD												
Major: Yes		Permittee Address: 700 W Liberty St Louisville, KY 40203				Facility Location: 1100 BLUE HERON RD LOUISVILLE, KY 40245												
Permitted Feature: 001 External Outfall		Discharge: <b>001-2</b> TOXICITY																
<b>Report Dates &amp; Status</b>																		
Monitoring Period: <b>From 10/01/23 to 12/31/23</b>				DMR Due Date: <b>01/28/24</b>				Status: <b>NetDMR Validated</b>										
<b>Considerations for Form Completion</b>																		
THREE 24-HOUR COMPOSITE SAMPLES ONE EACH COLLECTED EVERY OTHER DAY FOR A PERIOD OF 5 DAYS; IE - DAYS 1, 3 & 5																		
<b>Principal Executive Officer</b>																		
First Name: James				Title: Executive Director				Telephone: 502-540-6000										
Last Name: Parrott																		
<b>No Data Indicator (NODI)</b>																		
Form NODI: --																		
Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Sample Permit Req. Value NODI	Quantity or Loading				Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type		
						Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2				Value 2	Qualifier 3
61406	Toxicity, final conc toxicity units	1 - Effluent Gross	0	--												0	01/90 - Quarterly 01/90 - Quarterly	24 - COMP24 24 - COMP24
<b>Submission Note</b>																		
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<b>Edit Check Errors</b>																		
No errors.																		
<b>Comments</b>																		
<b>Attachments</b>																		
No attachments.																		
<b>Report Last Saved By</b>																		
<b>Floyds Fork WQTC MSD</b>																		
User: staci.huber@louisvillemsd.org		Name: Staci Huber		E-Mail: staci.huber@louisvillemsd.org		Date/Time: 2024-01-19 09:39 (Time Zone: -05:00)												
<b>Report Last Signed By</b>																		
User: JON.BALDRIDGE@LOUISVILLEMSD.ORG		Name: Jonathan Baldrige		E-Mail: jon.baldrige@louisvillemsd.org		Date/Time: 2024-01-19 10:56 (Time Zone: -05:00)												