



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)

January 26, 2010

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

**Re: MSD Metro Operations  
Chenoweth Hills WQTC; KPDES No.: KY0029459  
Discharge Monitoring Reports – December 2009**

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Chenoweth Hills WQTC, KPDES No.: KY0029459 for the month of December 2009.

Also attached is a bypass letter and overflow report.

There were no exceedences.

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

Sincerely,

Duane V. Wright  
Process Supervisor Central Region

DVW/Chenoweth Hills1209

Enclosures

cc: C. Roth (DOW Louisville)  
R. Shaw  
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 CHENOWETH HILLS WQTC MSD  
 ADDRESS C/O CEDAR CREEK WQTC  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY CHENOWETH HILLS WQTC MSD  
 LOCATION JEFFERSONTOWN KY 40299  
 ATTN: DENNIS THOMASSON, SP METRO OPS

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

MINOR (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE [ ] \*\*\*

Form Approved.  
 OMB No. 2040-0004

4Y0029459 PERMIT NUMBER  
 0011 DISCHARGE NUMBER

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 07                | 12 | 01  |    | 07   | 12 | 01  |

FROM

TO

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 |        |                       |             |
| 00300 1 0 0<br>OXYGEN, DISSOLVED (DO)<br>EFFLUENT GROSS VALUE                  |                    | *****               | *****   | ****   | 7                        | *****   | *****   | MG/L  | 0      | 0/07                  | GR          |
| 00400 1 0 0<br>PH<br>EFFLUENT GROSS VALUE                                      |                    | *****               | *****   | ****   | 7.1                      | *****   | 7.2     | MG/L  | 0      | 0/07                  | GR          |
| 00500 1 0 0<br>SOLIDS, TOTAL SUSPENDED<br>EFFLUENT GROSS VALUE                 |                    | 4                   | 6       | LBS/DY | *****                    | 4       | 7       | MG/L  | 0      | 0/07                  | CP          |
| 00610 1 2 0<br>NITROGEN, AMMONIA TOTAL (AS N)<br>EFFLUENT GROSS VALUE          |                    | 1.1                 | 3.8     | LBS/DY | *****                    | 1       | 5       | MG/L  | 0      | 0/07                  | CP          |
| 00665 1 0 0<br>PHOSPHORUS, TOTAL (AS P)<br>EFFLUENT GROSS VALUE                |                    | *****               | *****   | ****   | *****                    | 1.5     | 2.6     | MG/L  | 0      | 0/07                  | CP          |
| 50050 1 0 0<br>FLOW IN CONDUIT OR THRU TREATMENT PLANT<br>EFFLUENT GROSS VALUE |                    | 0.120               | 0.257   | MGD    | *****                    | *****   | *****   | MGD   | 0      | CN                    | CIV         |
| 50060 1 0 0<br>CHLORINE, TOTAL RESIDUAL<br>EFFLUENT GROSS VALUE                |                    | *****               | *****   | ****   | *****                    | <0.010  | <0.010  | MG/L  | 0      | 0/07                  | GR          |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 M.J. SCHARROW, 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*

TELEPHONE 502 540-6000  
 DATE 10 01 26  
 AREA CODE NUMBER YEAR MO DAY

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

NAME CHENOWETH HILLS WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
0405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY CHENOWETH HILLS WQTC MSD  
LOCATION JEFFERSONTOWN KY 40299  
ATTN: DANNIS THOMASSON, SR METRO OPS

PERMIT NUMBER  
KY0029457

DISCHARGE NUMBER  
001 1

MINOR (SUBR LV)  
F - FINAL JEFFE  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE 1-1-01 \*\*\*

| MONITORING PERIOD |      |    |     |    |      |    |     |
|-------------------|------|----|-----|----|------|----|-----|
| FROM              | YEAR | MO | DAY | TO | YEAR | MO | DAY |
|                   | 07   | 12 | 01  |    | 07   | 12 | 01  |

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  |        |                       |             |
| COLIFORM: FECAL GENERAL       |                    | *****               | *****   |        | *****                    | 3        | 22       | ( 13 ) | 0      | 0/07                  | GR          |
| EFFLUENT GROSS VALUE          | PERMIT REQUIREMENT | *****               | *****   | ****   | *****                    | 300A GEO | 7 DA GEO | 100ML  |        | WEEKLY                | GRAS        |
| BOD, CARBONACEOUS 05 DAY, 20C |                    | 4                   | 6       | ( 26 ) | *****                    | 4        | 4        | ( 19 ) | 0      | 0/07                  | CP          |
| EFFLUENT GROSS VALUE          | PERMIT REQUIREMENT | 50                  | 100     |        | *****                    | 30       | 60       |        |        | WEEKLY                | CLMPUS      |
|                               | SAMPLE MEASUREMENT |                     |         |        |                          |          |          |        |        |                       |             |
|                               | PERMIT REQUIREMENT |                     |         |        |                          |          |          |        |        |                       |             |
|                               | SAMPLE MEASUREMENT |                     |         |        |                          |          |          |        |        |                       |             |
|                               | PERMIT REQUIREMENT |                     |         |        |                          |          |          |        |        |                       |             |
|                               | SAMPLE MEASUREMENT |                     |         |        |                          |          |          |        |        |                       |             |
|                               | PERMIT REQUIREMENT |                     |         |        |                          |          |          |        |        |                       |             |
|                               | SAMPLE MEASUREMENT |                     |         |        |                          |          |          |        |        |                       |             |
|                               | PERMIT REQUIREMENT |                     |         |        |                          |          |          |        |        |                       |             |
|                               | SAMPLE MEASUREMENT |                     |         |        |                          |          |          |        |        |                       |             |
|                               | PERMIT REQUIREMENT |                     |         |        |                          |          |          |        |        |                       |             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. SCHARDIN, 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  
*Ernest V. ...*

TELEPHONE DATE  
502 540 6000 10 01 26  
AREA CODE NUMBER YEAR MO DAY

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





700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
www.msdlouky.org

December 10, 2009

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

**Re: Bypass Report for the: Chenoweth Hills WQTC- KPDES Permit: KY0029459**

Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 AM on December 09, 2009, referencing Work Order 989842 as a Rain Event discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: Rain event in area caused elevated flow to treatment plant causing solids to be washed out of the clarifiers. Approximately 67,535 gallons of solids were washed to the Effluent. Flow at the time of bypass was 0.65MGD
- Period of noncompliance: Starting 09:50 PM on December 08, 2009 and stopping 02:40 AM on December 09, 2009.
- Steps taken or planned to reduce, eliminate and prevent recurrence: Reduce plant aeration times during rain events..
- Additional comments: No additional comments

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](mailto:wrightd@msdlouky.org).

Sincerely,  
  
Duane V. Wright  
Process Supervisor-Operations

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





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

|                      |                        |   |   |                |
|----------------------|------------------------|---|---|----------------|
| KPDES #<br>KY0029459 | Facility ID<br>MSD0263 | Water Quality Treatment Center<br>CHENOWETH HILLS | Receiving Stream of Treatment Center<br>CHENOWETH RUN | Region<br>CENT |
|----------------------|------------------------|---|---|----------------|

|  |                        |                                     |  |                                   |                        |
|--|------------------------|-------------------------------------|--|-----------------------------------|------------------------|
| Facility Type<br>SPL Sewer Treatment Plant | Facility ID<br>MSD0263 | Facility Address<br>4305 ST RENE CT | If Pump Station, Name of Pump Station: | Receiving Stream<br>CHENOWETH RUN | Discharge to<br>STREAM |
|--|------------------------|-------------------------------------|--|-----------------------------------|------------------------|

| Activity Code / Description     | WO #   | Initiated         | Initiated By | Assigned To | Disch Status | Event Date | Problem        | Result                                | Completed            | Condition |
|---------------------------------|--------|-------------------|--------------|-------------|--------------|------------|----------------|---------------------------------------|----------------------|-----------|
| DISREV: RAIN EVENT<br>DISCHARGE | 989842 | 12/08/09 09:50 PM | ELDER        | BRAZEL      | DOCUMENTED   | 09/27/02   | BYPASS AT WQTC | UNAUTHORIZED<br>DISCHARGE -<br>WATERS | 12/09/09 02:40<br>AM |           |

**Spot Inspections:**

|                   |   |
|-------------------|---|
| Discharge Amount: | 67,535 GAL  |
| Cause:            | RAIN EVENT IN AREA CAUSING SOLIDS TO WASH OUT OF PLANT                    |
| Clean Up:         | NO CLEAN UP PERFORMED - PIPE DISCHARGING UNDERWATER, DIRECTLY INTO STREAM |
| Control Zone:     | PERMANENT SIGN IN PLACE - NO ADDITIONAL CONTROL ZONE SET UP               |
| Impact:           | NONE OBSERVED - OUTLETS SUBMERGED   |
| Repair:           | TURNT BLOWERS OFF TO SETTLE THE PLANT SOLIDS                              |

**Notifications:**

|                   |        |  |
|-------------------|--------|--|
| 12/08/09 11:06 PM | DISPUB | PERMANENT SIGNS POSTED IN AREA   |
| 12/08/09 01:00 PM | DISNOT | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov                       |
| 12/08/09 01:00 PM | DISSNO | Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |