



MSD

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

March 23, 2009

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

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

Dear Ms. Bentley:

Attached is the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of February 2009. Also attached is the Discharge Reports for the month of February.

If you have any questions concerning the attached DMRs, please contact me at (502) 239-7695.

Sincerely,

Kevin D. Ries
Process Supervisor Central Region

KDR/Chenoweth Hills 0209

Enclosures

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



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



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February 13, 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 WTP – 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 PM on February 11, 2009, referencing Work Order 870870 as a wet weather 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: Plant biosolids discharged through the plant effluent. Secondary aeration timers were decreased in preparation to prevent a bypass of this nature. Storm flow exceeded plant capacity and caused the bypass.
- Period of noncompliance: Starting 12:05 AM on February 11, 2009 and stopping 01:10 AM on February 11, 2009.
- Steps taken or planned to reduce, eliminate and prevent recurrence: Continue decreasing secondary aeration timers.

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-239-7695, my cell phone at (502)-396-7543 or via email at Ries@msdlouky.org.

Sincerely,

Kevin D. Ries
Process Supervisor-Operations

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





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February 13, 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 WTP – 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 PM on February 12, 2009, referencing Work Order 871157 as a dry weather discharge to WUS. 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: A dead animal (opossum or cat) and debris clogged plant influent pipe in plant splitter box.
- Period of noncompliance: Starting 06:50 AM on February 12, 2009 and stopping 07:30 AM on February 12, 2009.
- Steps taken or planned to reduce, eliminate and prevent recurrence: Implement controls to prevent unwanted animals (pest) from entering influent pipe in splitter box.

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-239-7695, my cell phone at (502)-396-7543 or via email at Ries@msdlouky.org.

Sincerely,

Kevin D. Ries

Process Supervisor-Operations

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





MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Feb 01, 2009 12:00 AM thru Feb 28, 2009 11:59 PM

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

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region
KY0029459 (Cont'd)	MSD0263	CHENOWETH HILLS	CHENOWETH RUN	CENT

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISDW: DRY WEATHER DISCHARGE	871157	02/12/09 06:50 AM	SINGLETON	MATTINGLY	DOCUMENTED	09/27/02	BYPASS AT TREATMENT PLANT	UNAUTHORIZED DISCHARGE - WATERS	02/12/09 07:30 AM	

Spot Inspections:

Discharge Amount: 2,000 GAL

Cause: DEAD ANIMAL & DEBRIS FROM RAIN, CLOG IN THE SPLITTER BOX

Clean Up: REMOVED DEBRIS, CLEANED & SANITIZED THE AREA

Control Zone: PERMANENT & TEMPORARY SIGNS POSTED

Impact: SEWAGE OBSERVED

Repair: REMOVED DEBRIS

Notifications:

02/12/09 06:50 AM DISPUB Permanent & temporary signs posted

02/12/09 01:00 AM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



**MSD Louisville and Jefferson County
Metropolitan Sewer District**

IMSAST0004

Discharge Report

Initiated Feb 01, 2009 12:00 AM thru Feb 28, 2009 11:59 PM

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

KPDES # KY0029459	Facility ID MSD0263	Treatment Plant Name CHENOWETH HILLS	Receiving Stream of Treatment Plant CHENOWETH RUN	Region CENT
Facility Type SPL Sewer Treatment Plant	Facility ID MSD0263	Facility Address 4305 ST RENE CT	If Pump Station, Name of Pump Station:	Receiving Stream CHENOWETH RUN
				Discharge to STREAM

<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 870870	<u>Initiated</u> 02/11/09 12:05 AM	<u>Initiated By</u> SINGLETON	<u>Assigned To</u> LAMBDIN JR	<u>Disch Status</u> DOCUMENTED	<u>Event Date</u> 09/27/02	<u>Problem</u> BYPASS AT TREATMENT PLANT	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 02/11/09 01:10 AM	<u>Condition</u>
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Spot Inspections:

Discharge Amount:	8,143 GAL
Cause:	BYPASSED DUE TO CAPACITY OF STORM FLOW
Clean Up:	NO CLEANUP REQUIRED
Control Zone:	PERMANENT SIGNS ALONG CREEK
Impact:	NO VISUAL IMPACT OBSERVED
Repair:	A SOLUTION FOR THIS LOCATION HAS BEEN DEVELOPED AND IS INCLUDED IN THE IOAP SUBMITTED DECEMBER 2008

Notifications:

02/11/09 12:05 AM	DISPUB	Permanent signs along creek
02/11/09 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Chenoweth Hills		Report for		Feb-09		Tot. Exc.= 0			
Tot. Flow= 4.103				Concentrations				Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
2/1/09	0.209								
2/2/09	0.233								
2/3/09	0.175				1				
2/4/09	0.112	3	3	1.4		2.80224	2.80224	1.307712	
2/5/09	0.103								0.436
2/6/09	0.107								
2/7/09	0.223								
2/8/09	0.244								
2/9/09	0.183	10	6	4.1	1	15.2622	9.15732	6.257502	0.376
2/10/09	0.215								
2/11/09	0.187								
2/12/09	0.193								
2/13/09	0.127								
2/14/09	0.119								
2/15/09	0.123								
2/16/09	0.105								
2/17/09	0.1	20	5	0.055	1	16.68	4.17	0.04587	0.657
2/18/09	0.094								
2/19/09	0.105								
2/20/09	0.097								
2/21/09	0.121								
2/22/09	0.13								
2/23/09	0.106								
2/24/09	0.106	18	9	0.39	1	15.91272	7.95636	0.344776	1.02
2/25/09	0.101								
2/26/09	0.096								
2/27/09	0.225								
2/28/09	0.164								
3/1/09									
3/2/09									
3/3/09									
Average	0.147	12.75	5.75	1.49	1.00	12.66	6.02	1.99	0.62
Maximum	0.244	20.00	9.00	4.10	1.00	16.68	9.16	6.26	1.02
Exceed.	6	0	0	0	0	0	0	0	

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

NAME CHENOWETH HILLS STP MSD

ADDRESS C/O CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY CHENOWETH HILLS STP MSD

LOCATION JEFFERSONTOWN

KY 40299

ATTN: DENNIS THOMASSEN, SR METRO OPS

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

Form Approved,
OMB No. 2040-0004

1, KY0029455

PERMIT NUMBER

001.1

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

JEFF

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	(17)		1/2	CR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PM	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.2	(12)		1/2	CR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	GU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13	17	(26)	*****	13	20	(17)		1/2	CR
00500 1 0 0	PERMIT REQUIREMENT	50	100		*****	30	50			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2.0	6.3	(26)	*****	1	4	(17)		1/2	CR
00610 1 2 0	PERMIT REQUIREMENT	16.7	33.4		*****	10	20			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.6	1.0	(17)		1/2	CR
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	COMPOS
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	6.147	0.244	(03)	*****	*****	*****			1/2	CR
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				*****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	40.010	40.010	(17)		1/2	CR
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.				TELEPHONE		DATE			
H. S. Schindler, Jr. Exec. Director						5054-6000		09 3 73			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			

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

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

NAME CHENOWETH HILLS STP MSD

ADDRESS C/O CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY CHENOWETH HILLS STP MSD

LOCATION JEFFERSONTOWN

KY 40299

ATTN: DENNIS THOMASSON, SR METRO OPS

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

XY0029459
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR

(SUBR L1)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

JEFFRE

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
07 02 01 07 02 20

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)		1/2	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	6	9	(25)	*****	6	9	(17)		1/2	CP
60052 1 0 0	PERMIT REQUIREMENT	50	100		*****	30	60			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	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.S. Scharden, Jr.
Exec. 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

Ken = D. Scharden

TELEPHONE

502 540-6000

AREA CODE NUMBER

DATE

07 3 23

YEAR MO DAY

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