



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

August 24, 2009

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

Re: MSD Metro Operations
Lake Forest WTP (aka Chenoweth Run WTP)
KPDES No.: KY0042226
Discharge Monitoring Reports – July 2009

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Lake Forest WTP (aka Chenoweth Run WTP), KPDES No.: KY0042226 for the month of July 2009.

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

Sincerely,

A handwritten signature in cursive script that reads "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/ Lake Forest 0709

Enclosures

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



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

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

NAME CHENOWETH RUN WQTC
 ADDRESS C/O CEDAR CREEK WQTC
 4400 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY CHENOWETH RUN WQTC
 LOCATION LOUISVILLE KY 40223
 ATTN: DONALD THOMASSEN, SR. METRO DPS

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

PERMIT NUMBER KY0042224

DISCHARGE NUMBER 001-2

MINOR
 (SUBS. L.A.)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE ***

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

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			
DISSOLVED SOLIDS (DD)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	(19)	0	1/07	GR
PERMIT REQUIREMENT		*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST. MIN						
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.9	(12)	0	1/07	GR
PERMIT REQUIREMENT		*****	*****	****	6.0	*****	7.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	PPH			
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	7.30 DVW	44 DVW	(26)	*****	10	12	(19)	0	1/07	CP
PERMIT REQUIREMENT		118	236		*****	30	60			WEEKLY	DUPLES
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1.63 DVW	2.8 DVW	(26)	*****	1	1	(19)	0	1/07	CP
PERMIT REQUIREMENT		7.84	15.7		*****	2	4			WEEKLY	DUPLES
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.9	4.4	(19)	0	1/07	CP
PERMIT REQUIREMENT		*****	*****	****	*****	REPORT	REPORT			WEEKLY	DUPLES
EFFLUENT GROSS VALUE				****	30DA AVG	DAILY MX	MG/L				
FLOW TO TREATMENT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.403 DVW	0.738 DVW	(13)	*****	*****	*****		0	EN	EN
PERMIT REQUIREMENT		REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	IN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD						WEEKLY	GRAB
THLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/07	GR
PERMIT REQUIREMENT		*****	*****	****	*****	0.011	0.017			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	30DA AVG	DAILY MX	MG/L				

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

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

TELEPHONE
 502-540-6000
 DATE
 07 08 25
 AREA CODE NUMBER YEAR MO DAY

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

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

NAME
ADDRESS
C/O LEDAR CREEK WTD
LOUISVILLE KY 40211
FACILITY
LOCATION
LOUISVILLE KY 40222
4TH DAVIS ROSSON BR METRO OPS

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

PERMIT NUMBER
KY0042226

DISCHARGE NUMBER
001 2

MINOR
(506R LV)
F - FINAL

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	31

FROM

TO

SANITARY WASTEWATER
EFFLUENT

*** 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			
COLUMBIA RIVER GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(10)		0 0/10	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100ML		WEEKLY	GRAB
100% CARBON-ADSORBED 5 DAY, 200	SAMPLE MEASUREMENT	29.2 DVW	21.9	(26)	*****	3	3	(10)		0 0/10	C-2
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.2	75.4		*****	10	20			WEEKLY	COMPOS
	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHROEDER, 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.

TELEPHONE

502 540 6090

DATE

07 18 25

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER

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

LAKE FOREST		Report for	Jul-09		Tot. Exc.=		0			
Tot. Flow=	12.491		Concentrations				Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos	
7/1/09	0.348									
7/2/09	0.354	6	3	0.95	1	17.714	8.857	2.805	2.86	
7/3/09	0.35									
7/4/09	0.393									
7/5/09	0.407									
7/6/09	0.4									
7/7/09	0.36									
7/8/09	0.35									
7/9/09	0.315	8	3	0.22	1	21.017	7.881	0.578	4.36	
7/10/09	0.321									
7/11/09	0.355									
7/12/09	0.331									
7/13/09	0.335									
7/14/09	0.335									
7/15/09	0.436									
7/16/09	0.361	12	3	0.56	1	36.129	9.032	1.686	4.36	
7/17/09	0.352									
7/18/09	0.338									
7/19/09	0.358									
7/20/09	0.349									
7/21/09	0.317									
7/22/09	0.481									
7/23/09	0.444	12	3	0.39	1	44.436	11.109	1.444	4.1	
7/24/09	0.358									
7/25/09	0.431									
7/26/09	0.547									
7/27/09	0.375									
7/28/09	0.355									
7/29/09	0.652									
7/30/09	0.738									
7/31/09	0.645									
Average	0.403	9.50	3.00	0.53	1.00	29.82	9.22	1.63	3.92	
Maximum	0.738	12.00	3.00	0.95	1.00	44.44	11.11	2.80	4.36	
Exceed.	31	0	0	0	0	0	0	0	0	