



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

September 24, 2009

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

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

Dear Ms. Bentley:

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Duane V. Wright", is written over the typed name.

Duane V. Wright  
Process Supervisor Central Region

DVW/ Lake Forest 0809

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  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY CHENOWETH RUN WQTC  
LOCATION LOUISVILLE KY 40223  
ATTN: DERRIS THOMASSON, SR METRO OPS

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

KY0042226  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT

JEFF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	06	01		07	06	31

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	X	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	*****	*****	( 19 )	0	0/07	GR								
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB								
EFFLUENT GROSS VALUE				****	INST MIN			MG/L											
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.9	( 12 )	0	0/07	GR								
00900 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			WEEKLY	GRAB								
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	EU											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	24	31	( 26 )	*****	8	9	( 19 )	0	0/07	CP								
00500 1 0 0	PERMIT REQUIREMENT	118	236		*****	30	60			WEEKLY	COMPLS								
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	3.02	5.8	( 26 )	*****	1	2	( 19 )	0	0/07	CP								
00610 1 1 0	PERMIT REQUIREMENT	7.84	15.7		*****	2	4			WEEKLY	COMPLS								
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.60	4.28	( 19 )	0	0/07	CP								
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	COMPLS								
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L											
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.393	0.774	( 03 )	*****	*****	*****		0	CN	CN								
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	IN LOGS								
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 19 )	0	0/07	GR								
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			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. J. SCHARDEIN, JR.																			
EXECUTIVE DIRECTOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				502.540.6000		09 09 23											
TYPED OR PRINTED																			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)																			

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

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ADDRESS C/O CEDAR CREEK WQTC  
8403 CEDAR CREEK RD  
LOUISVILLE KY 40211

FACILITY CHENOWETH RUN WQTC  
LOCATION LOUISVILLE KY 40223

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0042226  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL

Form Approved.  
OMB No. 2040-0004

NETFE

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
07 05 01 07 05 31

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

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 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	( 18 )	0	%	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	9.5	10.3	( 26 )	*****	3	3	( 19 )	0	%	CP
	PERMIT REQUIREMENT	39.2	76.4		*****	10	20			WEEKLY	COMPOS
		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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 V. Knight*

TELEPHONE  
502 5406000  
DATE  
09 09 23

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

**LAKE FOREST**

Report for

**Aug-09**

Tot. Exc.=

0

Tot. Flow=	12.195	Concentrations		Tot. Exc.=		Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos
8/1/09	0.433								
8/2/09	0.403								
8/3/09	0.378	6	3	1.2	1	18.915	9.458	3.783	3.18
8/4/09	0.597								
8/5/09	0.774								
8/6/09	0.464								
8/7/09	0.379								
8/8/09	0.375								
8/9/09	0.39								
8/10/09	0.411	9	3	1.7	1	30.850	10.283	5.827	3.15
8/11/09	0.447								
8/12/09	0.378								
8/13/09	0.374								
8/14/09	0.365								
8/15/09	0.387								
8/16/09	0.416								
8/17/09	0.38	6	3	0.73	1	19.015	9.508	2.314	3.78
8/18/09	0.342								
8/19/09	0.347								
8/20/09	0.368								
8/21/09	0.333								
8/22/09	0.356								
8/23/09	0.379								
8/24/09	0.343	9	3	0.06	1	25.746	8.582	0.172	4.28
8/25/09	0.335								
8/26/09	0.336								
8/27/09	0.325								
8/28/09	0.316								
8/29/09	0.364								
8/30/09	0.361								
8/31/09	0.339								
Average	0.393	7.50	3.00	0.92	1.00	23.63	9.46	3.02	3.60
Maximum	0.774	9.00	3.00	1.70	1.00	30.85	10.28	5.83	4.28
Exceed.	31	0	0	0	0	0	0	0	0