



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

October 21, 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 WQTC (aka Chenoweth Run WQTC)
KPDES No.: KY0042226
Discharge Monitoring Reports – September 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 September 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, reading "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/ Lake Forest 0909

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
 6405 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
 SANITARY WASTEWATER
 EFFLUENT

Form Approved,
 OMB No. 2040-0004

JEFF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	07	01		07	07	30

*** NO DISCHARGE ***

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			
OXYGEN, DISSOLVED (DO)		*****	*****		8	*****	*****	(17)	0	0/07	GR
DO300 : C O	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	WQTC
EFFLUENT GROSS VALUE											
PH		*****	*****		6.7	*****	6.7	(12)	0	0/07	GR
DO400 : C O	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	7.0 MAXIMUM	3U		WEEKLY	WQTC
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED		23	34	(26)	*****	38 ^{mg}	312 ^{mg}	(17)	0	0/07	CP
DO520 : C O	PERMIT REQUIREMENT	118	236	LBS/DY	*****	30	60	MG/L		WEEKLY	WQTC
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)		1.07	2.7	(26)	*****	0.3	0.6	(17)	0	0/07	CP
DO670 : C O	PERMIT REQUIREMENT	7.84	15.7	LBS/DY	*****	2	4	MG/L		WEEKLY	WQTC
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	4.26	4.63	(17)	0	0/07	CP
DO660 : C O	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	WQTC
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.462	0.759	(03)	*****	*****	*****		0	EN	CN
DO050 : C O	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		UNIT	WQTC
EFFLUENT GROSS VALUE		30DA AVG	INST MAX								
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(17)	0	0/07	GR
DO060 : C O	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	MG/L		WEEKLY	WQTC
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX				
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						502.5406000		09 10 21			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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 CHENOWETH RUN WQTC
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SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE () ***

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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)		0 6/7	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/ 100ML			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	7.9	8.7	(26)	*****	3	3	(19)		0 6/7	LP
30082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.2	78.4		*****	10	20	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHANDREN, 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 Thomassen

TELEPHONE

502.546.6000

DATE

09 10 21

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

LAKE FOREST		Report for	Sep-09		Tot. Exc.=		0			
Tot. Flow=	12.06		Concentrations				Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos	
9/1/09	0.321									
9/2/09	0.366									
9/3/09	0.346	7	3	0.22	1	20.199	8.657	0.635	4.34	
9/4/09	0.335									
9/5/09	0.335									
9/6/09	0.391									
9/7/09	0.45									
9/8/09	0.349									
9/9/09	0.326									
9/10/09	0.339	6	2	0.22	1	16.964	5.655	0.622	4.47	
9/11/09	0.318									
9/12/09	0.35									
9/13/09	0.355									
9/14/09	0.337									
9/15/09	0.326									
9/16/09	0.323									
9/17/09	0.343	12	3	0.11	1	34.327	8.582	0.315	4.63	
9/18/09	0.339									
9/19/09	0.316									
9/20/09	0.6									
9/21/09	0.759									
9/22/09	0.422									
9/23/09	0.393									
9/24/09	0.523	5	2	0.62	1	21.809	8.724	2.704	3.61	
9/25/09	0.539									
9/26/09	0.457									
9/27/09	0.582									
9/28/09	0.403									
9/29/09	0.359									
9/30/09	0.458									
10/1/09										
Average	0.402	7.50	2.50	0.29	1.00	23.32	7.90	1.07	4.26	
Maximum	0.759	12.00	3.00	0.62	1.00	34.33	8.72	2.70	4.63	
Exceed.	30	0	0	0	0	0	0	0	0	