



MSD

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

February 25, 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 – January 2008**

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 January 2009. Also enclosed is a copy of the discharge reports.

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

Sincerely,

Kevin D. Ries
Process Supervisor Central Region

KDR/ Lake Forest 0109

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)

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

NAME LAKE FOREST MSD
ADDRESS C/O CEDAR CREEK STP
8401 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY LAKE FOREST MSD
LOCATION LOUISVILLE KY 40223
ATTN: DENNIS THOMASSON, SR METRO OPS

KY00042226
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL JEFFE
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

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

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	*****	*****		10	*****	*****	(19)	0	0 1/2	LR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.8	(12)	0	0 1/2	LR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	9.0	BU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	24	38	(26)	*****	8	12	(19)	0	0 1/2	LR
00500 1 0 0	PERMIT REQUIREMENT	118	236		*****	30	60			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	3.8	6.6	(26)	*****	1	2	(19)	0	0 1/2	LR
00610 1 0 0	PERMIT REQUIREMENT	19.6	39.2		*****	5	10			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.85	4.4	(19)	0	0 1/2	LR
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	COMPOS
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	6.398	0.776	(03)	*****	*****	*****		0	CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	20.016	20.010	(19)	0	0 1/2	LR
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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
H.J. Schaden, Jr.				521-540-6000	9	7	25	
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME LAKE FOREST MSD
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY LAKE FOREST MSD
 LOCATION LOUISVILLE KY 40223
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0042226
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 P - FINAL

JEFFE

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	SAMPLE MEASUREMENT	*****	*****		*****			(13)		1/17	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		GODA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	10.5	13.0	(26)	*****	4	4	(19)		1/17	CP
80082 1 0 0	PERMIT REQUIREMENT	39.2	78.4		*****	10	20			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		GODA AVG	DAILY MX	LBS/DY		GODA 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
 M.J. Schauder, 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
 M.J. Schauder, Jr.

TELEPHONE
 502 546-6000
 AREA CODE NUMBER

DATE
 9 2 25
 YEAR MO DAY

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



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Jan 01, 2009 12:00 AM thru Jan 31, 2009 11:59 PM

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

KPDES # KY0042226	Facility ID MSD0403	Treatment Plant Name LAKE FOREST/BECKLEY WOODS	Receiving Stream of Treatment Plant CHENOWETH RUN	Region CENT
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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMN Sewer Main	80351C-AG	14307 WAKEFIELD PL			

<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 862995	<u>Initiated</u> 01/11/09 06:23 PM	<u>Initiated By</u> SUMMERS	<u>Assigned To</u> TUTTLE	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 01/11/09	<u>Problem</u> STRUCTURAL FAILURE	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 01/11/09 09:30 PM	<u>Condition</u>
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Spot Inspections:

Discharge Amount:	2,000 GAL
Cause:	STRUCTURE FAILURE OF FORCE MAIN
Clean Up:	FORCE MAIN BURIED, CONTRACTOR WILL CLEAN AND SANITIZE AREA AS PART OF REPAIR
Control Zone:	TEMPORARY SIGNS PLACED AROUND AFFECTED AREA
Impact:	SEWAGE PERCOLATED TO SURFACE AT EDGE OF PAVEMENT
Repair:	HAULING LAKE FOREST PS TO PREVENT OVERFLOW UNTIL REPAIRS TO FORCE MAIN CAN BE MADE

Notifications:

01/11/09 11:51 PM	DISPUB	Customers notified by door card & temporary signs around affected area.
01/11/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Jan 01, 2009 12:00 AM thru Jan 31, 2009 11:59 PM

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

KPDES # KY0042226 (Cont'd)	Facility ID MSD0403	Treatment Plant Name LAKE FOREST/BECKLEY WOODS	Receiving Stream of Treatment Plant CHENOWETH RUN	Region CENT
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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMN Sewer Main	80351-V	14310 LAKE FOREST DR		FLOYDS FORK	CATCH BASIN

<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 863152	<u>Initiated</u> 01/12/09 12:45 PM	<u>Initiated By</u> ELDER	<u>Assigned To</u> TUTTLE	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 01/12/09	<u>Problem</u> STRUCTURAL FAILURE	<u>Result</u> UNAUTHORIZED DISCHARGE - WATERS	<u>Completed</u> 01/12/09 12:50 PM	<u>Condition</u>
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Spot Inspections:

Discharge Amount:	1,000 GAL
Cause:	FORCE MAIN PIPE BROKE
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE AREA, CONTRACTOR WILL ALSO CLEAN AND SANITIZE AS REPAIRS ARE MADE.
Control Zone:	TEMPORARY SIGNS POSTED AROUND AREA
Impact:	SEWAGE PERCULATED UP THROUGH GROUND & RAN INTO CATCH BASIN FF28514
Repair:	HAULING STATION TO PREVENT OVERFLOW, CONTRACTOR TO MAKE REPAIRS TO PIPE

Notifications:

01/12/09 02:08 PM	DISPUB	Contractor to repair broken pipe & clean & sanitize area.
01/12/09 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 19
Total Work Orders Printed: 19

LAKE FOREST

Report for

Jan-09

Tot. Exc.=

0

Tot. Flow= Date	12.344 Flow	TSS	Concentrations		Fecal	TSS	Pounds BOD	NH3	Conc. T Phos
			BOD	NH3					
1/1/09	0.331	7	3	1.2	1	19.324	8.282	3.313	3.02
1/2/09	0.405								
1/3/09	0.414								
1/4/09	0.342								
1/5/09	0.315								
1/6/09	0.321								
1/7/09	0.382								
1/8/09	0.328	10	3	0.67	1	27.355	8.207	1.833	3.86
1/9/09	0.332								
1/10/09	0.415								
1/11/09	0.384								
1/12/09	0.33								
1/13/09	0.306								
1/14/09	0.384								
1/15/09	0.39	4	4	1	1	13.010	13.010	3.253	4.06
1/16/09	0.34								
1/17/09	0.407								
1/18/09	0.403								
1/19/09	0.41								
1/20/09	0.38								
1/21/09	0.371								
1/22/09	0.376	12	4	2.1	1	37.630	12.543	6.585	4.44
1/23/09	0.368								
1/24/09	0.33								
1/25/09	0.417								
1/26/09	0.379								
1/27/09	0.411								
1/28/09	0.704								
1/29/09	0.726								
1/30/09	0.498								
1/31/09	0.445								
Average	0.398	8.25	3.50	1.24	1.00	24.33	10.51	3.75	3.85
Maximum	0.726	12.00	4.00	2.10	1.00	37.63	13.01	6.59	4.44
Exceed.	31	0	0	0	0	0	0	0	0