



**MSD**

*Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)*

March 23, 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 WTP (aka Chenoweth Run WTP)  
KPDES No.: KY0042226  
Discharge Monitoring Reports – February 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 February 2009. Also enclosed is a copy of the Discharge Report.

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 0209

Enclosures

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



*Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)*

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

NAME LAKE FOREST MSD  
 ADDRESS C/O CEDAR CREEK STP  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY LAKE FOREST MSD  
 LOCATION LOUISVILLE KY 40220  
 ATTN: DENNIS THOMASSON, SR METRO DPS

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

KY0042226			001 2		
PERMIT NUMBER			DISCHARGE NUMBER		

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	02	01	07	02	23

MINOR (SUBP LV)  
 F - FINAL  
 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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		9	*****	*****	( 17 )		1/2	CR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		WEEKLY	CRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	*****	( 12 )		1/2	CR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SV		WEEKLY	CRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	36	59	( 26 )	*****	9	12	( 19 )		1/2	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	118 30DA AVG	236 DAILY MX	LBS/DY	*****	30 30DA AVG	80 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	5.8	17.2	( 26 )	*****	1	4	( 19 )		1/2	CP
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	19.6 30DA AVG	39.2 DAILY MX	LBS/DY	*****	5 30DA AVG	10 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.7	3.9	( 19 )		1/2	CP
00660 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	6.432	0.638	( 03 )	*****	*****	*****			CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	IN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	20.010	11.010	( 19 )		1/2	CR
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	CRAB

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. Scharden, Jr. Exec. Director TYPED OR PRINTED			502 540-6000	07	3	23

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

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

NAME LAKE FOREST MSD  
 ADDRESS C/O CEDAR CREEK STP  
 8402 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY LAKE FOREST MSD  
 LOCATION LOUISVILLE KY 40223  
 ATTN DENNIS THOMASSON, SR METRO DFB

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

KY0042226  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MINOR  
 (SUPER LVI)  
 1 - FINAL  
 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			
COLIFORM, FECAL GENERAL 74055 : O O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	( 13 )		1/2	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 : O O EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	11.4	19.7	( 25 )	*****	3	4	( 19 )		1/2	CP
	PERMIT REQUIREMENT	39.2	78.4		*****	10	20			WEEKLY	COMPOE
	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. Schaefer, 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

*H. J. Schaefer*

TELEPHONE

502 546-6000

AREA CODE NUMBER

DATE

3 23

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 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

<b>KPDES #</b> KY0042226	<b>Facility ID</b> MSD0403	<b>Treatment Plant Name</b> LAKE FOREST/BECKLEY WOODS	<b>Receiving Stream of Treatment Plant</b> CHENOWETH RUN	<b>Region</b> CENT
<b>Facility Type</b> SMN Sewer Main	<b>Facility ID</b> MSD1172-PS	<b>Facility Address</b> 14609 WOODSTREAM PL	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> CHENOWETH RUN
				<b>Discharge to</b> DITCH
<b>Activity Code / Description</b> DISDW: DRY WEATHER DISCHARGE	<b>WO #</b> 874139	<b>Initiated</b> 02/18/09 01:25 PM	<b>Initiated By</b> ELDER	<b>Assigned To</b> SCROGGIN
			<b>Disch Status</b> REPAIRED - ISSUE RESOLVED	<b>Event Date</b> 02/18/09
			<b>Problem</b> STRUCTURAL FAILURE	<b>Result</b> UNAUTHORIZED DISCHARGE - WATERS
				<b>Completed</b> 02/18/09 05:10 PM
				<b>Condition</b>

**Spot Inspections:**

**Discharge Amount:** 200 GAL  
**Cause:** 2" PVC FORCE MAIN PIPE BROKE  
**Clean Up:** MSD PERSONNEL CLEANED AREA AS PART OF GROUND RESTORATION  
**Control Zone:** TEMPORARY SIGNS PLACED AROUND AFFECTED AREA  
**Impact:** NO DEBRIS, CLEAR EFFLUENT PERKULATED TO SURFACE TO PTD# 83132 DITCH  
**Repair:** CHEROKEE CONST. MADE REPAIRS TO 2"PVC FM & WILL SANITIZE & RESTORE GROUNDS

**Notifications:**

02/18/09 06:00 PM DIS PUB Temporary signs placed around affected area  
 02/18/09 01:00 PM DIS NOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Total Facilities Printed: 10  
Total Work Orders Printed: 12

LAKE FOREST		Report for	Feb-09		Tot. Exc.=	1	Violation		
Tot. Flow=	12.106		Concentrations				Pounds	Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos
2/1/09	0.562								
2/2/09	0.59	12	4	3.5	1	59.047	19.682	17.222	3.02
2/3/09	0.46								
2/4/09	0.382								
2/5/09	0.368								
2/6/09	0.365								
2/7/09	0.515								
2/8/09	0.589								
2/9/09	0.441	12	3	0.56		44.135	11.034	2.060	0.413
2/10/09	0.467								
2/11/09	0.638								
2/12/09	0.533				1				
2/13/09	0.401								
2/14/09	0.388								
2/15/09	0.379								
2/16/09	0.359								
2/17/09	0.383	7	2	1.1	1	22.360	6.388	3.514	3.53
2/18/09	0.354								
2/19/09	0.336								
2/20/09	0.345								
2/21/09	0.385								
2/22/09	0.389								
2/23/09	0.395								
2/24/09	0.34	6	3	0.17	1	17.014	8.507	0.482	3.93
2/25/09	0.329								
2/26/09	0.368								
2/27/09	0.558								
2/28/09	0.487								
3/1/09									
3/2/09									
3/3/09									
Average	0.432	9.25	3.00	1.33	1.00	35.64	11.40	5.82	2.72
Maximum	0.638	12.00	4.00	3.50	1.00	59.05	19.68	17.22	3.93
Exceed.	28	0	0	0	0	0	0	1	0