



*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)*

December 18, 2010

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 – November 2010**

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 November 2010.

There were no exceedences, bypass or overflow reports.

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 11.10

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 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: DENNIS THOMASON, SR METRO OPS

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

Form Approved.  
 OMB No. 2040-0004

KY0042226  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	11	01		10	11	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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	( 17 )		0 %/07	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	LAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.1	( 12 )		0 %/07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			WEEKLY	STYPD
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	GU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	19	24	( 26 )	*****	7	10	( 19 )		0 %/07	CP
00530 1 0 0	PERMIT REQUIREMENT	118	236		*****	30	60			WEEKLY	LAB/MS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	9.4	13.7	( 26 )	*****	3	6	( 19 )		0 %/07	CP
00610 1 2 0	PERMIT REQUIREMENT	19.6	39.2		*****	5	10			WEEKLY	LAB/MS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	4.4	4.7	( 19 )		0 %/07	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	LAB/MS
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.406	0.918	( 03 )	*****	*****	*****			0 CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEKLY	LAB/MS
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 19 )		0 %/07	GR
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			WEEKLY	LAB
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			
11. J. SCHARDEIN, JR.						502 540 6000		11	12	22	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	
FVRC DIR											

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

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  
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 LOCATION LOUISVILLE KY 40223  
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY00422226  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE \*\*\*

JEFFE

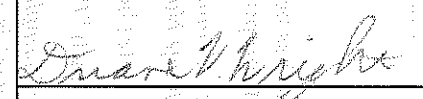
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	11	01		20	11	30

FROM

TO

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					1	2	(13)	0	%	GR
74055 1 0 0	PERMIT REQUIREMENT					300	400	100ML			
EFFLUENT GROSS VALUE						30DA AVG	7 DA GED	100ML			
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	6.6	7.3	(26)		2	3	(19)	0	%	CP
80082 1 0 0	PERMIT REQUIREMENT	39.2	75.4			10	20				
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LIB/DV		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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. SCHARDEWITZ, JR. EXEC DIR. TYPED OR PRINTED			502-5406000	10	12	22

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

LAKE FOREST		Report for	Nov-10		Tot. Exc.=		0			
Tot. Flow=	12.189		Concentrations					Pounds	Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos	
11/1/10	0.31									
11/2/10	0.327	4	2	3.4	1	10.909	5.454	9.272	4.48	
11/3/10	0.317									
11/4/10	0.314									
11/5/10	0.329									
11/6/10	0.349									
11/7/10	0.313									
11/8/10	0.332									
11/9/10	0.293	10	3	5.6	1	24.436	7.331	13.684	4.39	
11/10/10	0.306									
11/11/10	0.305									
11/12/10	0.314									
11/13/10	0.313									
11/14/10	0.37									
11/15/10	0.315									
11/16/10	0.408									
11/17/10	0.388	6	2	3.6	1	19.416	6.472	11.649	4.7	
11/18/10	0.347									
11/19/10	0.316									
11/20/10	0.339									
11/21/10	0.37									
11/22/10	0.331									
11/23/10	0.418	6	2	0.89	2	20.917	6.972	3.103	4.14	
11/24/10	0.453									
11/25/10	0.632									
11/26/10	0.918									
11/27/10	0.793									
11/28/10	0.449									
11/29/10	0.468									
11/30/10	0.752									
Average	0.406	6.50	2.25	3.37	1.19	18.92	6.56	9.43	4.43	
Maximum	0.918	10.00	3.00	5.60	2.00	24.44	7.33	13.68	4.70	