



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

February 23, 2010

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 – January 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 January 2010.

There were no exceedences, bypasses 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 that reads "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/ Lake Forest 01.10

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
 6406 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY CHENOWETH RUN WQTC
 LOCATION LOUISVILLE KY 40223
 ATTN: DENNIS THOMASSEN, SR. HETRO OPS

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

Form Approved.
 OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
00000000	001 2

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	03	01	TO	10	03	31

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)	0.0000	1	0	0	8	*****	*****	(19)	0	05/31/10	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB	
PH	0.0000	1	0	0	6.8	*****	8.1	(12)	0	05/31/10	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	9.0	MAXIMUM	50	WEEKLY	GRAB	
SOLIDS, TOTAL SUSPENDED	0.0000	1	0	0	27	45	8	10	0	01/07	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	118	236	300A AVG	DAILY MX	300A AVG	DAILY MX	MG/L		WEEKLY	COMPOSE	
NITROGEN, AMMONIA TOTAL (AS N)	0.0010	1	2	0	3.8	5.7	1	1	0	01/07	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	19.6	39.2	300A AVG	DAILY MX	300A AVG	DAILY MX	MG/L		WEEKLY	COMPOSE	
PHOSPHORUS, TOTAL (AS P)	0.0005	1	0	0	3.8	4.3	3.8	4.3	0	01/07	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT	REPORT	300A AVG	DAILY MX	MG/L	WEEKLY	COMPOSE	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.0050	1	0	0	0.386	0.708	0.386	0.708		CN	CN	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	300A AVG	INST MAX	MGD	*****	*****	*****	CONTIN	CONTIN	
CHLORINE, TOTAL RESIDUAL	0.0000	1	0	0	10.010	10.010	10.010	10.010	0	05/31/10	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	0.011	0.019	300A AVG	DAILY MX	MG/L	WEEKLY	GRAB	
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. SCHARDRIN, JR. EXECUTIVE DIRECTOR TYPED OR PRINTED							502 540 6000		10		03 23	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							AREA CODE NUMBER		YEAR		MO DAY	

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

NAME CHONDWETH RUN WQTC
 ADDRESS C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY CHONDWETH RUN WQTC
 LOCATION LOUISVILLE KY 40225
 ATTN: DONNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER KY0042224			DISCHARGE NUMBER 001 3			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	01	01	TO	10	01	31

MINOR
 (SUBR 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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2	6	(13)		0/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	10.7	14.6	(26)	*****	4	5	(19)		0/07	CP
	PERMIT REQUIREMENT	30 DA AVG	DAILY MX	LBS/D	*****	10	20	MG/L		WEEKLY	COMPO
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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 <i>Donnis Thomasson, Sr.</i>	TELEPHONE		DATE		
			AREA CODE 502	NUMBER 5466000	YEAR 10	MO 02	DAY 23

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

LAKE FOREST		Report for	Jan-10		Tot. Exc.=		0		
Tot. Flow=	11.964		Concentrations				Pounds	Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos
1/1/10	0.355								
1/2/10	0.35								
1/3/10	0.331								
1/4/10	0.35	10	5	1.1	6	29.190	14.595	3.211	4.31
1/5/10	0.33								
1/6/10	0.304								
1/7/10	0.339								
1/8/10	0.356								
1/9/10	0.354								
1/10/10	0.355								
1/11/10	0.305	6	4	1.4	1	15.262	10.175	3.561	3.91
1/12/10	0.29								
1/13/10	0.311								
1/14/10	0.297								
1/15/10	0.311								
1/16/10	0.335								
1/17/10	0.411								
1/18/10	0.395								
1/19/10	0.311	7	5	1.12	1	18.156	12.969	2.905	4.15
1/20/10	0.448								
1/21/10	0.614								
1/22/10	0.708								
1/23/10	0.446								
1/24/10	0.62								
1/25/10	0.606	9	1	1.12	1	45.486	5.054	5.661	2.91
1/26/10	0.401								
1/27/10	0.335								
1/28/10	0.342								
1/29/10	0.328								
1/30/10	0.363								
1/31/10	0.363								
Average	0.386	8.00	3.75	1.19	1.57	27.02	10.70	3.83	3.82
Maximum	0.708	10.00	5.00	1.40	6.00	45.49	14.60	5.66	4.31