



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

March 20, 2011

Ms. Crystal Thompson
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 – February 2011

Dear Ms. Thompson:

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 February 2011.

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 that reads "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/ Lake Forest 2.11

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
8405 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		001 E	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
99	02	01		99	02	25	

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

JETTE

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)	PERMIT REQUIREMENT	*****	*****	*****	8	*****	*****	(17)	0	%	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GR
PH	PERMIT REQUIREMENT	*****	*****	*****	7.0	*****	*****	(12)	0	%	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	SU		WEEKLY	GR
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	27	40	(26)	*****	*****	*****	(17)	0	%	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	118	236	LBS/DV	*****	*****	*****	MG/L		WEEKLY	CP
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	0.7	0.9	(26)	*****	*****	*****	(17)	0	%	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	17.6	35.2	LBS/DV	*****	*****	*****	MG/L		WEEKLY	CP
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	(17)	0	%	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L		WEEKLY	CP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.448	1.345	(03)	*****	*****	*****	*****	0	CN	CN
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		WEEKLY	UDUS
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	(17)	0	%	GR
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L		WEEKLY	GR

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>Dennis Thomasson, Sr.</i>	TELEPHONE	DATE		
			502 546 0000	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
 ADDRESS C/O CEDAR CREEK WQTC
 8405 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

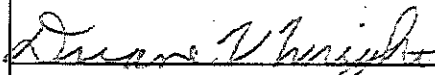
MINOR
 (SUBR LV)
 F - FINAL JEFFE
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1 1 ***

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
11	02	01	11	02	20

FROM

TO

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	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		*****	*****		*****	1	2	(13)	0	%	GR	
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE		13.5	20.1	(26)	*****	4	6	(19)	0	%	CP	
		39.2	78.4		*****	10	20					
		30DA AVG	DAILY MX	LBS/DY		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. SCHARDEIN, JR. EXECUTIVE DIRECTOR TYPED OR PRINTED									502 540 1700	11	3	21
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)					AREA CODE		NUMBER		YEAR	MO	DAY	

LAKE FOREST		Report for	Jan-01		Tot. Exc.=		0			
Tot. Flow=		12.534		Concentrations				Pounds		Conc.
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos	
1/1/01	0.426	10	5	0.22		35.528	17.764	0.782	2.87	
1/2/01	0.615				1					
1/3/01	0.413									
1/4/01	0.368									
1/5/01	0.412									
1/6/01	0.409									
1/7/01	0.406									
1/8/01	0.402	12	6	0.22	2	40.232	20.116	0.738	2.64	
1/9/01	0.403									
1/10/01	0.383									
1/11/01	0.378									
1/12/01	0.36									
1/13/01	0.371									
1/14/01	0.335									
1/15/01	0.315	8	4	0.17	1	21.017	10.508	0.447	3.27	
1/16/01	0.316									
1/17/01	0.31									
1/18/01	0.314									
1/19/01	0.332									
1/20/01	0.354									
1/21/01	0.33									
1/22/01	0.324	4	2	0.34		10.809	5.404	0.919	4.15	
1/23/01	0.315									
1/24/01	0.389				1					
1/25/01	1.345									
1/26/01	0.844									
1/27/01	0.675									
1/28/01	0.69									
1/29/01										
1/30/01										
1/31/01										
Average	0.448	8.50	4.25	0.24	1.19	26.90	13.45	0.72	3.23	
Maximum	1.345	12.00	6.00	0.34	2.00	40.23	20.12	0.92	4.15	