

700 West Liberty Street | Louisville, KY 40203-1911 Phone: 502.540.6000 | LouisvilleMSD.org

December 19th, 2024

Crystal Dennis 300 Sower Blvd., 3rd Floor Frankfort, Kentucky 40601

RE: Ohio River STP, KPDES No: KY0106143

Discharge Monitoring Report for November 2024.

Dear Ms. Dennis:

Attached are the Discharge Monitoring Report (DMR) for the Ohio River STP, for the month November 2024.

See attached Overflow report.

There were no exceedances or bypasses.

If you have any questions concerning the attached DMR's, please contact me at (502) 264-2804.

Sincerely,

Alex Smither Process Supervisor

CAS/OR 11/24.

Cc: V. Teague, B. Tinnel

DMR Copy of Record

Form Approved OMB No. 2040-0004 expires on 07/31/2026

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business cell phone number or non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the non-business email address), confidential business information (e.g., non-business cell phone number or non

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit Permit #: KY0106143 Permittee: Louisville and Jefferson County MSD Facility: OHIO RIVER WWTP Major: Yes **Permittee Address:** 700 W Liberty St **Facility Location:** 1901 LANDING RD Louisville, KY 40203 GOSHEN, KY 40026 **Permitted Feature:** 001 Discharge: 001-1 External Outfall Domestic Wastewater from a Publicly Owned Treatment Works

Report Dates & Status

Monitoring Period: From 11/01/24 to 11/30/24 DMR Due Date: 12/28/24 Status: NetDMR Validated

Considerations for Form Completion

Principal Executive Officer

First Name: Tony Title: Executive Director 502-540-6533

Last Name: Parrott

No Data Indicator (NODI)

| Form N | ODI: | | | | | | | | | | | | | | | | | | | |
|--------|--------------------------------|--------------------------|--------|---------------|-------------|-------------|--------------|--------------|----------------|-----------|-------------|--------------|-------------|------------------|-----------|------------------|-----------|--------|--------------------------|-------------|
| | Parameter | Monitoring Location | Season | # Param. NODI | | | Qu | antity or Lo | ading | | | | | Quality or Conce | entration | | | # of E | x. Frequency of Analysis | Sample Type |
| Code | Name | | | | | Qualifier 1 | Value 1 | Qualifier 2 | 2 Value 2 | Units | Qualifier 1 | Value 1 | Qualifier 2 | Value 2 | Qualifie | r 3 Value 3 | Units | | | |
| | | | | | Sample | | | | | | = | 8.0 | | | | | 19 - mg/L | | 01/07 - Weekly | GR - GRAB |
| 00300 | Oxygen, dissolved [DO] | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | >= | 2.0 INST MIN | | | | | 19 - mg/L | 0 | 01/07 - Weekly | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | | Sample | = : | 23.0 | = | 31.0 | 26 - lb/d | | | = | 6.0 | = | 9.0 | 19 - mg/L | | 01/07 - Weekly | 24 - COMP24 |
| 00310 | BOD, 5-day, 20 deg. C | 1 - Effluent Gross | 0 | | Permit Req. | <= | 375.0 MO AVG | <= | 563.0 MX WK AV | 26 - lb/d | | | <= | 30.0 MO AVG | <= | 45.0 MX WK AV | 19 - mg/L | | 01/07 - Weekly | 24 - COMP24 |
| 00010 | 202, 0 day, 20 dog. 0 | 1 Lindoin Grood | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | | Sample | | | | | | | | = | 178.0 | = | 256.0 | 19 - mg/L | | 01/07 - Weekly | 24 - COMP24 |
| 00310 | BOD, 5-day, 20 deg. C | G - Raw Sewage Influent | 0 | | Permit Req. | | | | | | | | | Req Mon MO AV | 3 | Req Mon MX WK AV | 19 - mg/L | | 01/07 - Weekly | 24 - COMP24 |
| 000.0 | | Train Comage iiiiiaciii | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | | Sample | | | | | | = | 7.01 | | | = | 7.39 | 12 - SU | | 01/07 - Weekly | GR - GRAB |
| 00400 | На | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | >= | 6.0 MINIMUM | | | <= | 9.0 MAXIMUM | 12 - SU | 0 | 01/07 - Weekly | GR - GRAB |
| | | | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | | Sample | = : | 37.0 | = | 70.0 | 26 - Ib/d | | | = | 9.0 | = | 13.0 | 19 - mg/L | | 01/07 - Weekly | CP - COMPOS |
| 00530 | Solids, total suspended | 1 - Effluent Gross | 0 | | Permit Req. | <= | 375.0 MO AVG | <= | 563.0 MX WK AV | 26 - lb/d | | | <= | 30.0 MO AVG | <= | 45.0 MX WK AV | 19 - mg/L | 0 | 01/07 - Weekly | 24 - COMP24 |
| 00000 | , | | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | | Sample | | | | | | | | = | 230.0 | = | 366.0 | 19 - mg/L | | 01/07 - Weekly | CP - COMPOS |
| 00530 | Solids, total suspended | G - Raw Sewage Influent | 0 | | Permit Req. | | | | | | | | | Req Mon MO AV | 3 | Req Mon MX WK A\ | 19 - mg/L | 0 | 01/07 - Weekly | 24 - COMP24 |
| 00000 | conde, total caoponaca | C Trail Collage IIIIdent | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | | Sample | | | | | | | | = | 46.8 | = | 64.6 | 19 - mg/L | | 01/07 - Weekly | CP - COMPOS |
| 00600 | Nitrogen, total [as N] | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | | | | Req Mon MO AV | 3 | Req Mon DAILY MX | 19 - mg/L | 0 | 01/07 - Weekly | 24 - COMP24 |
| 00000 | Thin ogon, total [ao 14] | 1 Lindoin Grood | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | | Sample | | | | | | | | = | 56.8 | = | 75.6 | 19 - mg/L | | 01/07 - Weekly | CP - COMPOS |
| 00600 | Nitrogen, total [as N] | G - Raw Sewage Influent | 0 | | Permit Req. | | | | | | | | | Req Mon MO AV | 3 | Req Mon DAILY MX | 19 - mg/L | 0 | 01/07 - Weekly | 24 - COMP24 |
| 00000 | Thin ogon, total [ao 14] | C Trail Collage Illindon | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | | Sample | | | | | | | | = | 0.2 | = | 0.2 | 19 - mg/L | | 01/07 - Weekly | 24 - COMP24 |
| 00610 | Nitrogen, ammonia total [as N] | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | | | <= | 20.0 MO AVG | <= | 30.0 DAILY MX | 19 - mg/L | | 01/07 - Weekly | 24 - COMP24 |
| | | | _ | | Value NODI | | | | | | | | | | | | | | | |
| | | | | | Sample | | | | | | | | = | 3.49 | = | 4.8 | 19 - mg/L | | 01/07 - Weekly | CP - COMPOS |
| 00665 | Phoophorus total Iso Pl | 1 - Effluent Gross | 0 | | Permit Req. | | | | | | | | | Req Mon MO AV | 3 | Req Mon DAILY MX | 19 - mg/L | 0 | 01/07 - Weekly | 24 - COMP24 |
| 00665 | Phosphorus, total [as P] | i - Elliuent Gross | 0 | | | | | | | | | | | | | | | U | | |

| | | | | Value NODI | | | | | | | | | | | | | | | |
|-------|--|-------------------------|---|-----------------|-------|--------------|---|------------------|----------|----|--------------|----|--------------|--------|----------------|--------------|-----|--------------------|----------------------|
| | | | | Sample | | | | | | | | = | 4.46 | = | 6.3 | 19 - mg/L | | 01/07 - Weekly | CP - COMPOS |
| 00665 | Phosphorus, total [as P] | G - Raw Sewage Influent | 0 | Permit Req. | | | | | | | | | Req Mon MO | AVG | Req Mon DAILY | MX 19 - mg/L | 0 | 01/07 - Weekly | 24 - COMP24 |
| | | 3 | | Value NODI | | | | | | | | | | | | | | | |
| | | | | Sample = | = 0.5 | 5702 = | = | 1.248 | 03 - MGD | | | | | | | | | 99/99 - Continuous | RC - Recorder (auto) |
| 50050 | Flow, in conduit or thru treatment plant | 1 - Effluent Gross | 0 | Permit Req. | Re | q Mon MO AVG | | Req Mon DAILY MX | 03 - MGD | | | | | | | | 0 | 99/99 - Continuous | RC - Recorder (auto) |
| | , | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | Sample | = 0.6 | 6409 = | = | 1.305 | 03 - MGD | | | | | | | | | 01/07 - Weekly | CA - CALCTD |
| 50050 | Flow, in conduit or thru treatment plant | G - Raw Sewage Influent | 0 | Permit Req. | Re | q Mon MO AVG | | Req Mon DAILY MX | 03 - MGD | | | | | | | | 0 | 99/99 - Continuous | RC - Recorder (auto) |
| | ,, | o man comage minacin | | Value NODI | | | | | | | | | | | | | | | |
| | | | | Sample | | | | | | | | = | 20.8 | = | 91.0 | 13 - #/100mL | | 01/07 - Weekly | GR - GRAB |
| 51040 | E. coli | 1 - Effluent Gross | 0 | Permit Req. | | | | | | | | <= | 130.0 30DA C | GEO <= | 240.0 7 DA GEO | 13 - #/100mL | - 0 | 01/07 - Weekly | GR - GRAB |
| | | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | Sample | | | | | | = | 96.8 | | | | | 23 - % | | 01/30 - Monthly | CA - CALCTD |
| 81010 | BOD, 5-day, percent removal | K - Percent Removal | 0 | Permit Req. | | | | | | >= | 85.0 MO AV M | N | | | | 23 - % | | 01/30 - Monthly | CA - CALCTD |
| | | | | Value NODI | | | | | | | | | | | | | | | |
| | | | | Sample | | | | | | = | 96.3 | | | | | 23 - % | | 01/30 - Monthly | CA - CALCTD |
| 81011 | Solids, suspended percent removal | K - Percent Removal | 0 | Permit Req. | | | | | | >= | 85.0 MO AV M | N | | | | 23 - % | 0 | 01/30 - Monthly | CA - CALCTD |
| | | | | Value NODI | | | | | | | | | | | | | | | |

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

Attachments

| Name | Туре | Size |
|--------------------------------|------|----------|
| OHIO_RIVER_OVERFLOWS_11_24.pdf | pdf | 161264.0 |
| OHIO_RIVER_COVER_11_24.pdf | pdf | 37418.0 |

Report Last Saved By

Louisville and Jefferson County MSD

User: ALEX.SMITHER@LOUISVILLEMSD.ORG

Name: Charles Smither

E-Mail: alex.smither@louisvillemsd.org

Date/Time: 2024-12-19 09:10 (Time Zone: -05:00)

Report Last Signed By

User: ALEX.SMITHER@LOUISVILLEMSD.ORG

Name: Charles Smither

E-Mail: alex.smither@louisvillemsd.org

Date/Time: 2024-12-19 09:10 (Time Zone: -05:00)



IMSAST0004 Overflow Report 11/1/2024 12:00:00 AM to 11/30/2024 12:00:00 AM

| KPDES# | Facility ID | Water 0 | Quality Treatme | ent Center | Recieving Stea | m of Discharge | Region | | | | |
|-----------------------------------|-------------|----------|---------------------------|-----------------|------------------|--|--------------------------|----------------------------|--------------------------------------|----------------------|-----------|
| KY0106143 | MSD0407 | OHIO R | IVER | | OHIO RIVER | | NA | | | | |
| Facility Type | Facility ID | Facility | Address | If Pump Station | , Name of Statio | n | Recieving St | ream | Discharge To | | |
| Sewer Lift Station | MSD1272-PS | 13301 | STHY 329 | OHIO RIVER | | | HARRODS C | REEK | GROUND | | |
| Activity Code / Description | WO# | Ref# | Initiated on | Initiated By | Assigned To | Dish Status | Event Date | Problem Desc | Result | Completed | Condition |
| DISREV:RAIN EVENT DISCHARGE | 3869420 | | 11/13/2024 10:21:00 PM | PARKER | PARKER | QUEUED FOR INVESTIGATIO N / REPAIR | 3/24/2023 12:00:00 AM | LACK OF SYSTEM CAPACITY | UNAUTHORIZED DISCHARGE- WATERS | 11/19/24 07:11 AM | |

Discharge Reporting:

| Discharge Amount: | 150 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY. |
| Clean Up: | CLEANUP NOT POSSIBLE DUE TO MAGNITUDE OF STORM. |
| Control Zone: | PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA. |
| Impact: | SEWAGE FOUND ON THE GROUND. |
| Repair: | SITE FOUND DURING RAIN EVENT RECON - WILL BE MONITORED AND EVALUATED FOR REPAIR. |
| Public Notification: | PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA. |

Notifications:

| 11/14/24 1:00 AM | DISNOT | EMAIL NOTIFICATION OF UNAUTHORIZED DISCHARGE SENT TO:DISCHARGENOTICES@LOUISVILLEMSD.ORG, SAYRE,DENNIS@EPAMAIL.EPA.GOV |
|------------------|--------|---|
| 11/14/24 1:00 AM | DISSNO | WAITING TO COMPLETE THE DISCHARGE INFORMATION |



IMSAST0004 Overflow Report 11/1/2024 12:00:00 AM to 11/30/2024 12:00:00 AM

| KPDES# | Facility ID | Water 0 | Quality Treatm | ent Center | Recieving Stea | ım of Discharge | Region | | | | |
|-----------------------------------|-------------|----------|--------------------------|-----------------|-------------------|--|--------------------------|-------------------------|--------------------------------------|----------------------|-----------|
| KY0106143 | MSD0407 | OHIO F | RIVER | | OHIO RIVER | | NA | | | | |
| Facility Type | Facility ID | Facility | Address | If Pump Station | n, Name of Statio | 'n | Recieving St | ream | Discharge To | | |
| Sewer Lift Station | MSD1272-PS | 13301 | STHY 329 | OHIO RIVER | | | HARRODS C | REEK | GROUND | | |
| Activity Code / Description | WO# | Ref# | Initiated on | Initiated By | Assigned To | Dish Status | Event Date | Problem Desc | Result | Completed | Condition |
| DISREV:RAIN EVENT DISCHARGE | 3868062 | | 11/10/2024 9:25:00 AM | BROADEN | BROADEN | QUEUED FOR INVESTIGATIO N / REPAIR | 3/24/2023 12:00:00 AM | LACK OF SYSTEM CAPACITY | UNAUTHORIZED DISCHARGE- WATERS | 11/11/24 08:52 AM | |

Discharge Reporting:

| Discharge Amount: | 150 GAL |
|----------------------|--|
| Cause: | LACK OF SYSTEM CAPACITY. |
| Clean Up: | CLEANUP NOT POSSIBLE DUE TO MAGNITUDE OF STORM. |
| Control Zone: | PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA. |
| Impact: | SEWAGE FOUND ON THE GROUND. |
| Repair: | SITE FOUND DURING RAIN EVENT RECON - WILL BE MONITORED AND EVALUATED FOR REPAIR. |
| Public Notification: | PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA. |

Notifications:

| 11/10/24 1:00 PM | DISNOT | EMAIL NOTIFICATION OF UNAUTHORIZED DISCHARGE SENT TO:DISCHARGENOTICES@LOUISVILLEMSD.ORG, SAYRE.DENNIS@EPAMAIL.EPA.GOV |
|------------------|--------|---|
| 11/10/24 1:00 PM | DISSNO | WAITING TO COMPLETE THE DISCHARGE INFORMATION |

IMSAST0004 Overflow Report 11/1/2024 12:00:00 AM to 11/30/2024 12:00:00 AM

| KPDES# | Facility ID | Water (| Quality Treatm | ent Center | Recieving Stea | m of Discharge | Region | | | | |
|-----------------------------------|-------------|----------------|--------------------------|----------------|--------------------|---------------------------------|---------------------------|-----------------------|--------------------------------------|----------------------|-----------|
| KY0106143 | MSD0407 | OHIO R | IVER | | OHIO RIVER | | NA | | | | |
| Facility Type | Facility ID | Facility | Address | If Pump Statio | n, Name of Statio | n | Recieving St | ream | Discharge To | | |
| Sewer Main | 124056-V | 2700 N WOOD | MEADOW CT | OHIO RIVER | | | POND CREE | К | GROUND | | |
| Activity Code / Description | WO# | Ref# | Initiated on | Initiated By | Assigned To | Dish Status | Event Date | Problem Desc | Result | Completed | Condition |
| DISREV:RAIN EVENT DISCHARGE | 3869742 | | 11/15/2024 9:50:00 AM | MILES | MECHANICAL CREW | REPAIRED - ISSUE RESOLVED | 11/15/2024 12:00:00 AM | MECHANICAL FAILURÉ | UNAUTHORIZED DISCHARGE- WATERS | 11/15/24 10:00 AM | |

Discharge Reporting:

| Discharge Amount: | 500 GAL |
|----------------------|---|
| Cause: | MECHANICAL FAILURE (FORCE MAIN PIPE BROKEN). |
| Clean Up: | MSD CONTRACTOR CLEANED AND SANITIZED THE IMPACTED AREA. |
| Control Zone: | PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA. |
| Impact: | SEWAGE PRODUCTS FOUND IN THE STREAM. |
| Repair: | REPAIRED THE FORCEMAIN WO# 3869763. |
| Public Notification: | PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA. |

Notifications:

| 11/15/24 1:00 PM | DISNOT | EMAIL NOTIFICATION OF UNAUTHORIZED DISCHARGE SENT TO:DISCHARGENOTICES@LOUISVILLEMSD.ORG, SAYRE.DENNIS@EPAMAIL.EPA.GOV |
|------------------|--------|---|
| 11/15/24 1:00 PM | DISSNO | WAITING TO COMPLETE THE DISCHARGE INFORMATION |