

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

June 25th, 2025

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

RE: Pioneer Village STP, KPDES No: KY0034185 Discharge Monitoring Report for May 2025.

Dear Ms. Dennis:

Attached are the Discharge Monitoring Report (DMR) for the Pioneer Village WQTC, for the month of May 2025.

Overflow report attached.

There was one exceedance for monthly average ammonia with a result of 5.0 mg/L and a limit of 4.0 mg/L. There were no bypasses.

If you have any questions concerning the attached DMR's, please contact me at (502) 919-5794.

Sincerely,

Scott Reed

**Process Supervisor** 

SR/CV 5/25.

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 <a href="https://www.npde.com/npack-need-to-the-number-or non-business email address)">non-business email address)</a>, confidential business information (e.g., non-business cell phone number or non

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| Permit                            |                           |                    |  |                    |  |
|-----------------------------------|---------------------------|--------------------|--|--------------------|--|
| Permit #:                         | KY0034185                 | Permittee:         | Louisville and Jefferson County MSD      | Facility:          | PIONEER VILLAGE SEWER PLANT #1               |
| Major:                            | No                        | Permittee Address: | 700 W Liberty St<br>Louisville, KY 40203 | Facility Location: | 12600 MORNINGSIDE DR<br>LOUISVILLE, KY 40229 |
| Permitted Feature:                | 001<br>External Outfall   | Discharge:         | <b>001-1</b> Domestic Wastewater         |                    |  |
| Report Dates & Status             |                           |                    |  |                    |  |
| Monitoring Period:                | From 05/01/25 to 05/31/25 | DMR Due Date:      | 06/28/25                                 | Status:            | NetDMR Validated                             |
| Considerations for Form Completic | on                        |                    |  |                    |  |
|                                   |                           |                    |  |                    |  |
| Principal Executive Officer       |                           |                    |  |                    |  |

Telephone:

502-540-6533

**Executive Director** 

No Data Indicator (NODI)

Tony

Parrot

Title:

**First Name:** 

**Last Name:** 

| Form NO | DI:                                      |                     |          |              |             |             |               |                 |                  |          |             |              |             |                  |             |                  |              |        |                          |                      |
|---------|--|---------------------|----------|--------------|-------------|-------------|---------------|-----------------|------------------|----------|-------------|--------------|-------------|------------------|-------------|------------------|--------------|--------|--------------------------|----------------------|
|         | Parameter                                | Monitoring Location | Season # | # Param. NOD |             |             | (             | Quantity or Loa | nding            |          |             |              |             | Quality or Conce | entration   |                  |              | # of E | x. Frequency of Analysis | Sample Type          |
| Code    | Name                                     |                     |          |              |             | Qualifier 1 | Value 1       | Qualifier 2     | Value 2          | Units (  | Qualifier 1 | Value 1      | Qualifier 2 | 2 Value 2        | Qualifier 3 | Value 3          | Units        |        |                          |                      |
|         |  |                     |          |              | Sample      |             |               |                 |                  | -        | . 8         | 3.0          |             |                  |             |                  | 19 - mg/L    |        | 01/07 - Weekly           | GR - Grab            |
| 00300   | Oxygen, dissolved [DO]                   | 1 - Effluent Gross  | 0        |              | Permit Req. |             |               |                 |                  | >        | ·= 7        | 7.0 INST MIN |             |                  |             |                  | 19 - mg/L    | 0      | 01/30 - Monthly          | GR - Grab            |
|         | exygen, alcoured [20]                    |                     |          |              | Value NODI  |             |               |                 |                  |          |             |              |             |                  |             |                  |              |        |                          |                      |
|         |  |                     |          |              | Sample      |             |               |                 |                  | =        | . 7         | 7.5          |             |                  | =           | 7.5              | 12 - SU      |        | 01/07 - Weekly           | GR - Grab            |
| 00400   | рН                                       | 1 - Effluent Gross  | 0        |              | Permit Req. |             |               |                 |                  | >        | -= 6        | 6.0 MINIMUM  |             |                  | <=          | 9.0 MAXIMUM      | 12 - SU      | 0      | 01/30 - Monthly          | GR - Grab            |
| 00.00   | F  |                     |          |              | Value NODI  |             |               |                 |                  |          |             |              |             |                  |             |                  |              |        |                          |                      |
|         |  |                     |          |              | Sample      |             |               |                 |                  |          |             |              | =           | 8.0              | =           | 8.0              | 19 - mg/L    |        | 01/30 - Monthly          | CP - Composite       |
| 00530   | Solids, total suspended                  | 1 - Effluent Gross  | 0        |              | Permit Req. |             |               |                 |                  |          |             |              | <=          | 30.0 MO AVG      | <=          | 45.0 MX WK AV    | 19 - mg/L    |        | 01/30 - Monthly          | CP - Composite       |
| 00000   |  |                     |          |              | Value NODI  |             |               |                 |                  |          |             |              |             |                  |             |                  |              |        |                          |                      |
|         |  |                     |          |              | Sample      |             |               |                 |                  |          |             |              | =           | 22.0             | =           | 22.0             | 19 - mg/L    |        | 01/07 - Weekly           | CP - Composite       |
| 00600   | Nitrogen, total [as N]                   | 1 - Effluent Gross  | 0        |              | Permit Req. |             |               |                 |                  |          |             |              |             | Req Mon MO AVG   |             | Req Mon DAILY MX | 19 - mg/L    | 0      | 01/30 - Monthly          | CP - Composite       |
|         | ege, total [ac 11]                       |                     |          |              | Value NODI  |             |               |                 |                  |          |             |              |             |                  |             |                  |              |        |                          |                      |
|         |  |                     |          |              | Sample      |             |               |                 |                  |          |             |              | =           | 5.0              | =           | 5.0              | 19 - mg/L    |        | 01/07 - Weekly           | CP - Composite       |
| X 00610 | Nitrogen, ammonia total [as N]           | 1 - Effluent Gross  | 1        |              | Permit Req. |             |               |                 |                  |          |             |              | <=          | 4.0 MO AVG       | <=          | 6.0 DAILY MX     | 19 - mg/L    | 1      | 01/30 - Monthly          | CP - Composite       |
| 7 00010 | ege, aea total [ae]                      |                     |          |              | Value NODI  |             |               |                 |                  |          |             |              |             |                  |             |                  |              |        |                          |                      |
|         |  |                     |          |              | Sample      |             |               |                 |                  |          |             |              | =           | 2.52             | =           | 2.52             | 19 - mg/L    |        | 01/07 - Weekly           | CP - Composite       |
| 00665   | Phosphorus, total [as P]                 | 1 - Effluent Gross  | 0        |              | Permit Req. |             |               |                 |                  |          |             |              |             | Req Mon MO AVG   |             | Req Mon DAILY MX | 19 - mg/L    | 1      | 01/30 - Monthly          | CP - Composite       |
| 00000   | i nospiiorus, total [us i ]              | 1 Lindent Gross     |          |              | Value NODI  |             |               |                 |                  |          |             |              |             |                  |             |                  |              | ] '    |                          |                      |
|         |  |                     |          |              | Sample      | = (         | 0.3942        | =               | 0.519            | 03 - MGD |             |              |             |                  |             |                  |              |        | 99/99 - Continuous       | RC - Recorder (auto) |
| 50050   | Flow, in conduit or thru treatment plant | 1 - Effluent Gross  | 0        |              | Permit Req. |             | Req Mon MO AV | G               | Req Mon MX WK AV | 03 - MGD |             |              |             |                  |             |                  |              | 0      | 01/30 - Monthly          | IN - Instantaneous   |
|         | <b>,</b>                                 |                     |          |              | Value NODI  |             |               |                 |                  |          |             |              |             |                  |             |                  |              |        |                          |                      |
|         |  |                     |          |              | Sample      |             |               |                 |                  |          |             |              | =           | 0.0              | =           | 0.0              | 19 - mg/L    |        | 01/07 - Weekly           | GR - Grab            |
| 50060   | Chlorine, total residual                 | 1 - Effluent Gross  | 0        |              | Permit Req. |             |               |                 |                  |          |             |              | <=          | 0.011 MO AVG     | <=          | 0.019 DAILY MX   | 19 - mg/L    |        | 01/30 - Monthly          | GR - Grab            |
|         |  |                     |          |              | Value NODI  |             |               |                 |                  |          |             |              |             |                  |             |                  |              |        |                          |                      |
|         |  |                     |          |              | Sample      |             |               |                 |                  |          |             |              | =           | 2.0              | =           | 2.0              | 13 - #/100mL |        | 01/07 - Weekly           | GR - Grab            |
| 51040   | E. coli                                  | 1 - Effluent Gross  | 0        |              | Permit Req. |             |               |                 |                  |          |             |              | <=          | 130.0 30DA GEO   | <=          | 240.0 7 DA GEO   | 13 - #/100mL | 0      | 01/30 - Monthly          | GR - Grab            |
|         |  |                     |          |              | Value NODI  |             |               |                 |                  |          |             |              |             |                  |             |                  |              |        |                          |                      |
|         |  |                     |          |              | Sample      |             |               |                 |                  |          |             |              | =           | 3.0              | =           | 3.0              | 19 - mg/L    |        | 01/30 - Monthly          | CP - Composite       |
| 80082   | BOD, carbonaceous [5 day, 20 C]          | 1 - Effluent Gross  | 0        |              | Permit Req. |             |               |                 |                  |          |             |              | <=          | 15.0 MO AVG      | <=          | 22.5 MX WK AV    | 19 - mg/L    |        | 01/30 - Monthly          | CP - Composite       |
| 00002   | BOD, carbonaceous [5 day, 20 C]          | 1 - Lilluelli Gi055 | J        |              |             |             |               |                 |                  |          |             |              |             |                  |             |                  |              |        |                          |                      |

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**

|   |       | Parameter                      | Monitoring Location | Field                                   |      | Decariation   | Acknowledge |
|---|-------|--------------------------------|---------------------|---|------|---|-------------|
|   | Code  | Name                           | Monitoring Location | Field                                   | Туре | Description Description   | Acknowledge |
| C | 00610 | Nitrogen, ammonia total [as N] | 1 - Effluent Gross  | Quality or Concentration Sample Value 2 | Soft | The provided sample value is outside the permit limit. Please verify that the value you have provided is correct. | Yes         |

### Comments

### Attachments

| Name                                  | Туре | Size     |
|---------------------------------------|------|----------|
| PV_CoverLetter_5_25.pdf               | pdf  | 29448.0  |
| PIONEER_VILL_OVERFLOW_REPORT_5_25.pdf | pdf  | 160854.0 |

## Report Last Saved By

Louisville and Jefferson County MSD

User: REED0325
Name: Scott Reed

E-Mail: reeds@louisvillemsd.org

Date/Time: 2025-06-25 09:59 (Time Zone: -04:00)

Report Last Signed By

User: REED0325
Name: Scott Reed

E-Mail: reeds@louisvillemsd.org

Date/Time: 2025-06-25 10:00 (Time Zone: -04:00)



# IMSAST0004 Overflow Report 5/1/2025 12:00:00 AM to 5/31/2025 12:00:00 AM

| KPDES #                           | Facility ID     | Water 0  | Quality Treatm          | ent Center   | Recieving Stea | Recieving Steam of Discharge |                           | Region                     |                                      |                      |           |  |  |  |
|-----------------------------------|-----------------|----------|-------------------------|--------------|----------------|------------------------------|---------------------------|----------------------------|--------------------------------------|----------------------|-----------|--|--|--|
| KY0034185                         | MSD0512         | PIONEE   | R VILLAGE #1            | ļ            | BROOKS RUN     |                              |                           |                            |                                      |                      |           |  |  |  |
| Facility Type                     | Facility ID     | Facility | Address                 |              |                |                              | Recieving St              | ream                       | Discharge To                         |                      |           |  |  |  |
| Sewer Lift Station                | SSPSPV-<br>HUHL | 165 O    | CTAGON AVE              |              |                |                              | BROOKS RU                 | N                          | STREAM                               |                      |           |  |  |  |
| Activity Code /<br>Description    | WO#             | Ref#     | Initiated on            | Initiated By | Assigned To    | Dish Status                  | Event Date                | Problem Desc               | Result                               | Completed            | Condition |  |  |  |
| DISREV:RAIN<br>EVENT<br>DISCHARGE | 3948380         |          | 5/20/2025<br>6:45:00 PM | BUTLER       | BUTLER         | DOCUMENTED                   | 12/21/2022<br>12:00:00 AM | LACK OF SYSTEM<br>CAPACITY | UNAUTHORIZED<br>DISCHARGE-<br>WATERS | 05/22/25<br>07:20 AM |           |  |  |  |

## Discharge Reporting:

| Discharge Amount:    | 146,300 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 IN THE STREAM.  |
| Repair:              | SITE FOUND DURING RAIN EVENT RECON - WILL BE MONITORED AND EVALUATED FOR REPAIR. |
| Public Notification: | PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA.                                 |

#### Notifications:

| 5/21/25 1:00 AM | DISNOT | EMAIL NOTIFICATION OF UNAUTHORIZED DISCHARGE SENT TO:DISCHARGENOTICES@LOUISVILLEMSD.ORG, SAYRE.DENNIS@EPAMAIL.EPA.GOV |
|-----------------|--------|---|
| 5/21/25 1:00 AM | DISSNO | WAITING TO COMPLETE THE DISCHARGE INFORMATION   |



# IMSAST0004 Overflow Report 5/1/2025 12:00:00 AM to 5/31/2025 12:00:00 AM

| *                                 | ,               | •        |                         |              |               |                                |                           |                            |                                      |                      |           |
|-----------------------------------|-----------------|----------|-------------------------|--------------|---------------|--------------------------------|---------------------------|----------------------------|--------------------------------------|----------------------|-----------|
| KPDES #                           | Facility ID     | Water 0  | Quality Treatm          | ent Center   | Recieving Ste | Recieving Steam of Discharge F |                           |                            |                                      |                      |           |
| KY0034185                         | MSD0512         | PIONE    | R VILLAGE #1            |              | BROOKS RUN    |                                |                           |                            |                                      |                      |           |
| Facility Type                     | Facility ID     | Facility | Address                 |              |               |                                | Recieving St              | ream                       | Discharge To                         |                      |           |
| Sewer Lift Station                | SSPSPV-<br>HUHL | 165 O    | CTAGON AVE              |              |               |                                | BROOKS RU                 | N                          | STREAM                               |                      |           |
| Activity Code /<br>Description    | WO#             | Ref#     | Initiated on            | Initiated By | Assigned To   | Dish Status                    | Event Date                | Problem Desc               | Result                               | Completed            | Condition |
| DISREV:RAIN<br>EVENT<br>DISCHARGE | 3940464         |          | 5/16/2025<br>9:28:00 PM | BROADEN      | BROADEN       | DOCUMENTED                     | 12/21/2022<br>12:00:00 AM | LACK OF SYSTEM<br>CAPACITY | UNAUTHORIZED<br>DISCHARGE-<br>WATERS | 05/18/25<br>01:17 PM |           |

## Discharge Reporting:

| Discharge Amount:    | 7,120 GAL  |  |
|----------------------|--|--|
| Cause:               | LACK OF SYSTEM CAPACITY.   |  |
| Clean Up:            | NO CLEAN UP PERFORMED - PIPE DISCHARGING UNDERWATER, DIRECTLY INTO STREAM. |  |
| Control Zone:        | PERMANENT SIGNS SUPPLEMENTED WITH TEMPORARY SIGNS AND CONES.               |  |
| Impact:              | NONE OBSERVED- OUTLET SUBMERGED.   |  |
| Repair:              | REORTED BY BASE 4, WILL BE MONITORED AND EVALUATED FOR REPAIR.             |  |
| Public Notification: | PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA.                           |  |

#### Notifications:

| 5/17/25 1:00 AM | DISNOT | EMAIL NOTIFICATION OF UNAUTHORIZED DISCHARGE SENT TO:DISCHARGENOTICES@LOUISVILLEMSD.ORG, SAYRE.DENNIS@EPAMAIL.EPA.GOV |
|-----------------|--------|---|
| 5/17/25 1:00 AM | DISSNO | WAITING TO COMPLETE THE DISCHARGE INFORMATION   |



# IMSAST0004 Overflow Report 5/1/2025 12:00:00 AM to 5/31/2025 12:00:00 AM

| KPDES#                            | Facility ID     | Water 0  | Quality Treatm         | ent Center   | Recieving Stea | am of Discharge | e Region                  |                            |                                      |                      |           |  |  |
|-----------------------------------|-----------------|----------|------------------------|--------------|----------------|-----------------|---------------------------|----------------------------|--------------------------------------|----------------------|-----------|--|--|
| KY0034185                         | MSD0512         | PIONE    | ER VILLAGE#            | 1            | BROOKS RUN     |                 |                           |                            |                                      |                      |           |  |  |
| Facility Type                     | Facility ID     | Facility | Address                |              |                |                 | Recieving St              | ream                       | Discharge To                         |                      |           |  |  |
| Sewer Lift Station                | SSPSPV-<br>HUHL | 165 O    | CTAGON AVE             |              |                |                 | BROOKS RU                 | N                          | STREAM                               |                      |           |  |  |
| Activity Code /<br>Description    | WO#             | Ref#     | Initiated on           | Initiated By | Assigned To    | Dish Status     | Event Date                | Problem Desc               | Result                               | Completed            | Condition |  |  |
| DISREV:RAIN<br>EVENT<br>DISCHARGE | 3936825         |          | 5/5/2025<br>7:36:00 AM | PARKER       | PARKER         | DOCUMENTED      | 12/21/2022<br>12:00:00 AM | LACK OF SYSTEM<br>CAPACITY | UNAUTHORIZED<br>DISCHARGE-<br>WATERS | 05/05/25<br>07:42 AM |           |  |  |

## Discharge Reporting:

| Discharge Amount:    | 9,700 GAL  |
|----------------------|--|
| Cause:               | LACK OF SYSTEM CAPACITY.   |
| Clean Up:            | NO CLEAN UP PERFORMED - PIPE DISCHARGING UNDERWATER, DIRECTLY INTO STREAM. |
| Control Zone:        | PERMANENT SIGNS SUPPLEMENTED WITH TEMPORARY SIGNS AND CONES.               |
| Impact:              | NONE OBSERVED- OUTLET SUBMERGED.   |
| Repair:              | REORTED BY BASE 4, WILL BE MONITORED AND EVALUATED FOR REPAIR.             |
| Public Notification: | PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA.                           |

| Notifications: |        |   |  |
|----------------|--------|---|--|
| 5/5/25 1:00 PM | DISNOT | EMAIL NOTIFICATION OF UNAUTHORIZED DISCHARGE SENT TO:DISCHARGENOTICES@LOUISVILLEMSD.ORG, SAYRE.DENNIS@EPAMAIL.EPA.GOV |  |