



MSD

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

May 21, 2008

Ms. Kathy Thurman  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Chenoweth Hills WTP; KPDES No.: KY0029459  
Discharge Monitoring Reports – April 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Report (DMR) for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of April 2008. Also enclosed is the Bypass Report letter for April 2008.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter Jr.  
Process Supervisor Central Region

JEP/Chenoweth Hills 0408

Enclosures

cc: C. Roth (DOW Louisville)  
R. Shaw  
T. Singleton



*Beneficial Use of Louisville's Biosolids  
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April 7, 2008

Mr. Charlie Roth, District Supervisor  
KY Division of Water  
Louisville Regional Office  
9116 Leesgate Road  
Louisville, KY 40222-5084

**Re: Bypass Report for the Chenoweth Hills WTP – KPDES Permit KY0029459**

Dear Mr. Roth:

This plant experienced a bypass event starting at 5:05 AM on April 4, 2008 and stopping at 10:00 PM on April 4, 2008. This was reported through our electronic notification system at approximately 1:00 PM on April 4, 2008, referencing Work Order 765541 as a Rain Event Discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

An estimated amount of 306,000 gallons of full treated wastewater overflowed from effluent pump station wet well. This was a result of rain event on April 4, 2008 which caused the effluent pump station to overflow wastewater that had full primary, secondary treatment, disinfection and dechlorination. No cleanup was necessary. MSD suspects that most of or the entire amount spilled reached Waters of the U.S.

Please advise if you have any questions concerning this information. You can contact me at my office (502) 239-7695 or cell phone (502) 523-9957.

Sincerely,

James E. Porter Jr.  
Central Region Supervisor

cc: D. Guthrie R. Shaw/File B. Bingham Angela Akridge  
D. Thomasson M. Jenkins D. Talley



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Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

<b>KPDES #</b> 000000	<b>Facility ID</b> MSD0000	<b>Treatment Plant Name</b> NO PLANT-GOES TO STREAM/RIVER		<b>Receiving Stream of Treatment Plant</b> NONE	<b>Region</b>				
<b>Facility Type</b> SLS Sewer Lift Station	<b>Facility ID</b> MSD0263A-PS	<b>Facility Address</b> 4305 ST RENE CT	<b>If Pump Station, Name of Pump Station:</b> CHENOWETH HILLS WTP PS	<b>Receiving Stream</b> CHENOWETH RUN	<b>Discharge to</b> STREAM				
<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 765541	<u>Initiated</u> 04/04/08 05:05 AM	<u>Initiated By</u> ELDER	<u>Assigned To</u> LAMB DIN JR	<u>Disch Status</u> DOCUMENTED	<u>Event Date</u> 10/24/07	<u>Problem</u> BYPASS AT TREATMENT PLANT	<u>Result</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 04/04/08 10:00 PM

**Spot Inspections:**

Discharge Amount: 306,000 GAL  
Cause: LACK OF SYSTEM CAPACITY DUE TO RAIN  
Clean Up: NO CLEANUP- TREATED EFFLUENT WATER  
Control Zone: NO CONTROL ZONE REQUIRED, NO PUBLIC ACCESS  
Impact: TREATED EFFLUENT ON GROUND  
Repair: SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED & EVALUATED FOR REPAIR.

**Notifications:**

04/04/08 12:58 AM Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



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

NAME CHENOWETH HILLS STP MSD  
 ADDRESS C/O CEDAR CREEK STP  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY CHENOWETH HILLS STP MSD  
 LOCATION JEFFERSONTOWN KY 40299  
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0029459  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL

Form Approved.  
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	08	04	01		08	04	30

SANITARY WASTEWATER  
 EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.14	7.00	( 13)		1/7	3000
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.67	10.21	( 26)	*****	8.00	18.00	( 19)		1/7	Comp
	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H. J. SCHARPSTEIN JR.  
 BY 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.

*James E. Post*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 502-545-6000  
 DATE  
 08 05 20

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