



MSD

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

October 23, 2008

Ms. Vickie L. Prather
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

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

Dear Ms. Prather:

Attached is the Discharge Monitoring Report (DMR) for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of September 2008. There was one fecal violation for the month. It was for exceeding weekly average. Sampled the day following exceedence, everything was normal, unable to determine cause of violation. Also included is the Discharge Report for the month.

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

Sincerely,

Kevin D. Ries
Process Supervisor Central Region

JEP/Chenoweth Hills 0908

Enclosures

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



*Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com*



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September 17, 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 TP – KPDES Permit KY0029459

Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 05:00 PM on September 14, 2008, referencing Work Order 823275 as a Dry Weather Discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: Power outage due to wind storm caused 600 gallons of treated, disinfected wastewater to reach Waters of the US at a point other than permitted outfall.
- Period of noncompliance: Starting 03:00 PM on September 14, 2008 and stopping 05:00 PM on September 14, 2008.
- Steps taken or planned to reduce, eliminate and prevent recurrence: None, this was due to an electrical outage.

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-239-7695, my cell phone at (502)-523-9957 or via email at jporter@msdlouky.org.

Sincerely,

James E. Porter Jr.
Process Supervisor-Operations

cc: Gary Levy, KDEP
Sean Ireland, EPA

eB File
Paula Purifoy, MSD





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

KPDES # KY0029459	Facility ID MSD0263	Treatment Plant Name CHENOWETH HILLS	Receiving Stream of Treatment Plant CHENOWETH RUN	Region CENT						
Facility Type SPL Sewer Treatment Plant	Facility ID MSD0263	Facility Address 4305 ST RENE CT	If Pump Station, Name of Pump Station:	Receiving Stream CHENOWETH RUN	Discharge to STREAM					
Activity Code / Description DISDW: DRY WEATHER DISCHARGE	WO # 823275	Initiated 09/14/08 03:00 PM	Initiated By MARKS JR	Assigned To TUTTLE	Disch Status DOCUMENTED	Event Date 09/27/02	Problem BYPASS AT TREATMENT PLANT	Result DISCHARGE TO WATERS OF THE US	Completed 09/14/08 05:00 PM	Condition

Spot Inspections:

Discharge Amount: 600 GAL
Cause: POWER FAILUER CAUSED BY WIND STORM
Clean Up: NO CLEAN UP REQUIRED
Control Zone: NO CONTROL ZONE REQUIRED
Impact: NO IMPACT BYPASS WAS TREATED WATER
Repair: GENERATOR PLACED TO RUN TREATMENT PLANT TIL POWER IS RESTORED

Notifications:

09/14/08 06:18 PM DISPUB notice of bypass was sent to general public
09/14/08 12:57 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

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

AME CHENOWETH HILLS STP MSD
DDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LDUISVILLE KY 40211
ACILITY CHENOWETH HILLS STP MSD
OCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029459
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
08 09 01 TO 08 09 30

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)		*****	*****		7.2	*****	*****	(19)	Ø	%07	GR
10300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	7	*****	*****	MG/L		WEEKLY	GRAB
10400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		6.8	*****	7.1	(12)	Ø	%07	GR
10530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0	*****	9.0	MINIMUM MAXIMUM		WEEKLY	GRAB
10530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	30	60	30DA AVG DAILY MX		WEEKLY	COMPOS
10530 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	30	60	30DA AVG DAILY MX		WEEKLY	COMPOS
10610 1 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	4	8	30DA AVG DAILY MX		WEEKLY	COMPOS
10610 1 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	4	8	30DA AVG DAILY MX		WEEKLY	COMPOS
10665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	2.4	3.7	REPORT REPORT		WEEKLY	COMPOS
10665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT	REPORT	NO AVG DAILY MX		WEEKLY	COMPOS
10050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****	*****	Ø	CN	CN
10050 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****	*****	Ø	CN	CN
10060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	*****	*****	Ø	%07	GR
10060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.011	0.019	30DA AVG DAILY MX		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schardein Exec. 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 Kevin D. Res	TELEPHONE		DATE		
			502 540-6000	08 10 24	YEAR	MO	DAY

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

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

*** NO DISCHARGE 1/1 ***

NOTE: Read Instructions before completing this form.

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

KY0029459
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	07	30

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 I O O EFFLUENT GROSS VALUE	*****	*****			*****	29	2200	(13)	1	01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	CRAB
BOD, CARBONACEOUS 5 DAY, 20C 30082 I O O EFFLUENT GROSS VALUE	2	4	(26)		*****	4	8	(19)	0	01/07	CR
	PERMIT REQUIREMENT	50	100		*****	30	60			WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein
Exec. 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 H. D. Pies
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000
DATE 08 10 24
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
See cover letter For explanation of fecal violation