



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

November 22, 2010

Carolena Bentley, DMR Coordinator  
Kentucky Division of Water  
200 Fair Oaks Lane, 4<sup>th</sup> Floor  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Chenoweth Hills WQTC; KPDES No.: KY0029459  
Discharge Monitoring Reports – October 2010**

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Chenoweth Hills WQTC, KPDES No.: KY0029459 for the month of October 2010.

There were no exceedences, bypass or overflow reports.

If you have any questions concerning the attached DMRs, 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/Chenoweth Hills 10.10

Enclosures

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



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

NAME CHENOWETH HILLS WQTC MSD  
 ADDRESS C/O CEDAR CREEK WQTC  
 6405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY CHENOWETH HILLS WQTC MSD  
 LOCATION JEFFERSONTOWN KY 40299  
 ATTN: DENNIS THOMASSEN, 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  
 SANITARY WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE [ ] \*\*\*

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	10	01		10	10	01

FROM

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)	*****	*****			7	*****	*****	( 19 )	0	%07	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	*****	*****			7.0	*****	7.0	( 12 )	0	%07	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	4	6	( 25 )	*****	X <sup>W</sup> 8	10	( 14 )	0	%07	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	LUMPUS
NITROGEN, AMMONIA TOTAL (AS N)	*****	0.17	0.2	( 25 )	*****	0.4	0.6	( 19 )	0	%07	CP
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.67 30DA AVG	13.3 DAILY MX	LBS/DY	*****	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	LUMPUS
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****		*****	2.6	3.6	( 19 )	0	%07	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	LUMPUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.071	0.090	( 03 )	*****	*****	*****		0	CN	CN
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUED IN UOUS	CONTINUED IN
CHLORINE, TOTAL RESIDUAL	*****	*****	*****		*****	<0.010	<0.010	( 19 )	0	%07	GR
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

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.

*Diane V. Wright*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE		
502 5406000	10	11	22
AREA CODE NUMBER	YEAR	MO	DAY

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

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

NAME CHENOWETH HILLS WQTC MSD  
 ADDRESS C/O CEDAR CREEK WQTC  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY CHENOWETH HILLS WQTC 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 JEFFE  
 SANITARY WASTEWATER EFFLUENT  
 \*\*\* NO DISCHARGE ( ) \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	10	01	TO	10	10	31

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			
COCLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	2	( 13)	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA AVG	400 #/ 7 DA GED	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3	4	( 26)	*****	5	7	( 19)	0	0/07	CP
	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	LUMP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.

*Duane V. Wright*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540 6000  
 DATE 10 11 22  
 AREA CODE NUMBER YEAR MO DAY

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

<b>Chenoweth Hills</b>		Report for	<b>Oct-10</b>		Tot. Exc.= 0				
Tot. Flow=	2.189		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
10/1/10	0.067								
10/2/10	0.077								
10/3/10	0.078								
10/4/10	0.067	4	3	0.3	1	2.23512	1.67634	0.167634	2.1
10/5/10	0.064								
10/6/10	0.071								
10/7/10	0.068								
10/8/10	0.067								
10/9/10	0.074								
10/10/10	0.083								
10/11/10	0.065	6	7	0.3	2	3.2526	3.7947	0.16263	2.69
10/12/10	0.081								
10/13/10	0.068								
10/14/10	0.07								
10/15/10	0.068								
10/16/10	0.08								
10/17/10	0.088								
10/18/10	0.07	10	6	0.2	1	5.838	3.5028	0.11676	2.05
10/19/10	0.064								
10/20/10	0.056								
10/21/10	0.064								
10/22/10	0.062								
10/23/10	0.071								
10/24/10	0.071								
10/25/10	0.042	10	3	0.62	2	3.5028	1.05084	0.217174	3.61
10/26/10	0.09								
10/27/10	0.072								
10/28/10	0.065								
10/29/10	0.063								
10/30/10	0.079								
10/31/10	0.084								
Average	0.071	7.50	4.75	0.36	1.41	3.71	2.51	0.17	2.61
Maximum	0.090	10.00	7.00	0.62	2.00	5.84	3.79	0.22	3.61



700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
www.msdlouky.org

November 27, 2010

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 WQTC- KPDES Permit: KY0029459**

Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 AM on November 26, 2010, referencing Work Order 1170737 as a Rain event 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: Rain event in the area resulted in elevated flows to the treatment plant. The excess flow caused solids to wash out of the plant to the receiving stream. Approximately 77,800 gallons of wastewater entered the stream. Design flow of this plant is .2 MGD. Total flow for the 25<sup>th</sup> is .313 MG and peak flow during the event was .670 MGD.
- Period of noncompliance: Starting 08:45 PM on November 25, 2010 and stopping 11:40 PM on November 25, 2010.
- Steps taken or planned to reduce, eliminate and prevent recurrence: We are in the process of implementing an auto shut off system to the small package plant blowers when flows are elevated and exceed design capacity.
- Additional comments: No additional comments

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-239-7574, my cell phone at (502)-396-9142 or via email at [wrightd@msdlouky.org](mailto:wrightd@msdlouky.org).

Sincerely,

Duane V. Wright  
Process Supervisor-Operations

cc: Gary Levy, KDEP  
Paula Purifoy, MSD  
eB File

