



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

May 9, 2012

Ms. Cheryl Edwards
Kentucky Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Chenoweth Run WQTC
KPDES No.: KY0042226
Discharge Monitoring Reports – April 2012**

Dear Ms. Edwards:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Chenoweth Run WQTC, KPDES No.: KY0042226 for the month of April 2012.

There were no exceedences, bypasses or overflow reports.

If you have any questions concerning the attached DMR's, 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/ Chen. Run 4.12

Enclosures

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



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

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

NAME CHENOWETH RUN WQTC
ADDRESS C/O CEDAR CREEK WQTC
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY CHENOWETH RUN WQTC
LOCATION LOUISVILLE KY 40223
ATTN: DENNIS THOMASSEN, SR METRO DPS

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

KY0042226
PERMIT NUMBER
001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

*** 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			
OXYGEN, DISSOLVED (DO)	*****	*****	*****	*****	9	*****	*****	*****	0	1/1	GR
00300 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GR
PH	*****	*****	*****	*****	6.6	*****	8.2	*****	0	1/1	GR
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GR
SOLIDS, TOTAL SUSPENDED	*****	14	20	(LBS/D)	*****	5	7	*****	0	1/7	CP
00330 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/D	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	CP
NITROGEN, AMMONIA TOTAL (AS N)	*****	0.9	1.5	(LBS/D)	*****	0.3	0.3	*****	0	1/7	CP
00610 1 2 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/D	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	CP
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	4.2	5.0	*****	0	1/7	CP
00645 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	CP
FLOW, IN CONDUIT OR THRU TREATMENT PLAN	*****	0.334	0.536	(CFS)	*****	*****	*****	*****	0	CN	CN
00050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	20.010	20.010	*****	0	1/1	GR
50060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	GR
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		TELEPHONE		DATE		
Greg C. Heitzman Interim Exec DIR					Dennis Thomassen		502-540-6000		12 5 22		
TYPED OR PRINTED							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 RUN WQTC
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 DISCHARGE MONITORING REPORT (DMR)

KY0042226
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 T - FINAL
 SANITARY WASTEWATER
 EFFLUENT

Form Approved
 OMB No. 2040-0004

JEFF

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	12	07	01		12	07	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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	2	2	(13)	0	1/3	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	10.5	14.3	(25)	*****	3	5	(19)	0	1/3	CP
	PERMIT REQUIREMENT	39.2	75.4		*****	10	20			WEEKLY	COMPL
	SAMPLE MEASUREMENT					30DA AVG	DAILY MX	MG/L			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 GREL C. HEITZMAN
 INTERIM EXEC DIR
 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.

Dennis Thomasson
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 DATE
 AREA CODE NUMBER YEAR MO DAY
 502 570 6000 12 5 22

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

LAKE FOREST		Report for	Apr-12			Tot. Exc.=	0			
Tot. Flow= 10.01265		Concentrations			Pounds		Conc.			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos	
4/1/12	0.535	4	3	0.34		17.83	13.37	1.52	4	
4/2/12	0.536				2					
4/3/12	0.307									
4/4/12	0.389									
4/5/12	0.382									
4/6/12	0.355									
4/7/12	0.339									
4/8/12	0.337	2	2	0.11		5.63	5.63	0.31	3.86	
4/9/12	0.297				2					
4/10/12	0.243									
4/11/12	0.261									
4/12/12	0.271									
4/13/12	0.282									
4/14/12	0.308									
4/15/12	0.344	7	5	0.28		20.08	14.34	0.80	4.03	
4/16/12	0.335				2					
4/17/12	0.292									
4/18/12	0.297									
4/19/12	0.287									
4/20/12	0.300									
4/21/12	0.367									
4/22/12	0.346	5	3	0.34		14.43	8.66	0.98	5.02	
4/23/12	0.307				2					
4/24/12	0.294									
4/25/12	0.314									
4/26/12	0.309									
4/27/12	0.303									
4/28/12	0.327									
4/29/12	0.392									
4/30/12	0.355									
5/1/12										
Average	0.334	4.50	3.25	0.27	2.00	14.49	10.50	0.90	4.23	
Maximum	0.536	7.00	5.00	0.34	2.00	20.08	14.34	1.52	5.02	