



MSD

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

October 24, 2007

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 – September 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Report (DMR) for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of September 2007.

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 0907

Enclosures

cc: C. Roth (DOW Louisville)
P. Burgin
R. Shaw
E. Brady
T. Singleton



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

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

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

NAME CHENOWETH HILLS STP MSD

ADDRESS 8405 CEDAR CREEK RD.
LOUISVILLE KY 40291

FACILITY CHENOWETH HILLS STP MSD

LOCATION JEFFERSONTOWN KY 40299

ATTN: DEBBIE NEWTON

00027457
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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)					7.4					1/1	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				INST MIN			MG/L			
PH					6.7		7.0			1/1	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	5U			
SOLIDS, TOTAL SUSPENDED		5.50	7.51			10.75	15.00			1/1	COMB
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		0.18	0.35			0.35	0.73			1/1	COMB
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)						4.99	5.20			1/1	COMB
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					MD AVG	DAILY MX	MG/L			
FLOW IN CONDUIT OR THRU TREATMENT PLANT		0.069	0.120							1/1	COMB
00850 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD							
MILLIGRAMS, TOTAL RESIDUAL						20.010	20.010			1/1	GRAB
00860 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. F. SCHROEDER 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Debbie Newton

TELEPHONE DATE
00540000 07 10 22
AREA CODE NUMBER 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
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME CHENOWETH HILLS STP MSD

ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

FACILITY CHENOWETH HILLS STP MSD

LOCATION JEFFERSONTOWN KY 40297

ATTN: DEBBIE NEWTON

KY0027457
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

*** NO DISCHARGE [] ***

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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		*****	*****		*****	6.03	49.50	(157)		WEEKLY	GRAB
74085 1 0 0		*****	*****	***	*****	30DA GED	7 DA GED	100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE		*****	*****	***	*****	30DA GED	7 DA GED	100ML		WEEKLY	GRAB
300, CARBONACEOUS DB DAY, 20C		*****	*****	(25)	*****	5.00	7.00	(17)		WEEKLY	COMB
70082 1 0 0		*****	*****	***	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMB
EFFLUENT GROSS VALUE		*****	*****	***	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMB

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James E. Fortsch
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502-910-6000		07	10	26
AREA CODE	NUMBER	YEAR	MO	DAY

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