

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

E. Porto y.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location of Different)
NAME CHENCHETH HILLS STP MSD

ADDRESS RAOS CEDAR CREEK RD

KY 40271

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

PERMIT NUMBER

DISCHARGE NUMBER

MINOR (SUBR LV) F - FINAL

EFFLUENT

SANITARY WASTEWATER

JEFFE

FACILITY CHENOWETH HILLS SIF MSD

LOCATION JEFFER SONTOWN ATTHE DEBBIE NEWTON

KY 40299

FROM HONITORING PERIOD

YEAR MO, DAY
TO YEAR MO DAY

*** NO DISCHARGE | ***

NOTE: Read Instructions before completing this form.

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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 design 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 of the person or persons where the person of the per		ion Harry Citare			TELEPHO	NE		OATE			
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) CHENGWETH HILLS STP MSD NAME

ADDRESS 8405 CEDAR CREEK RD

LOUISVILLE

KY 40271

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

WA005A42A PERMIT NUMBER

OO1 I DISCHARGE NUMBER MINCH (SURR LV) F - FINAL

FFFI UENT

SANITARY WASTEWATER

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Form Approved.

OMB No. 2040-0004

FACILITY CHENOWETH HILLS STE MED

LOCATION FEFFERONTOWN SITH DEBTE MENTON KY 40299

MONITORING PERIOD MO₃ DAY YEAR MO. DAY YEAR TO FROM

*** NO DISCHARGE 1 NOTE: Read Instructions before completing this form.

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