



MSD

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

November 26, 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 – October 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Report (DMR) for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of October 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 1007

Enclosures

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



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www.louisvillegreen.com

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

NAME CHANDRETH HILLS STP MSD

ADDRESS 2405 CEDAR CREEK RD

LOUISVILLE

KY 40271

FACILITY CHANDRETH HILLS STP MSD

LOCATION JEFFERSONTOWN

KY 40279

ATTN: DENNIS THOMASSEN

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 1 1 ***

JEFF

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	31

FROM

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE								
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS											
DISSOLVED	SAMPLE MEASUREMENT	*****	*****		7.0	*****	*****	(19)	0	1/1	GRAB								
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB								
DISSOLVED	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.8	(12)	0	1/1	GRAB								
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB								
SUSPENDED	SAMPLE MEASUREMENT	4.55	9.01	(26)	*****	6.75	8.00	(19)	0	1/1	COMB								
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	60	MG/L		WEEKLY	COMB								
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	1.02	3.76	(26)	*****	1.83	6.72	(19)	0	1/1	COMB								
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMB								
PHOSPHORUS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	4.60	5.00	(19)	0	1/1	COMB								
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMB								
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.079	0.311	(03)	*****	*****	*****		0	1/1	1/1								
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTINUOUS	*****								
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/1	GRAB								
RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	MG/L		WEEKLY	GRAB								
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	GRAB								
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.				TELEPHONE		DATE											
H. J. SCHARDSIN JR. EXECUTIVE DIRECTOR TYPED OR PRINTED						502 540-6000		07 11 21											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			YEAR			MO			DAY		

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

NAME CHENOWETH HILLS STP MSD
ADDRESS 8405 CEDAR CREEK RD
COVINGTON KY 40299

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

KY0029459
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUDR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1 1 ***

FACILITY CHENOWETH HILLS STP MSD
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	07	10	01	TO	07	10	31	

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	5.21	46.00	(13)		1/7	RAISE
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GED	400 7 DA GED	*/ 100ML		WEEKLY	RAISE
TOC CARBONACEOUS 25 DAY, 200	SAMPLE MEASUREMENT	2.06	3.00	(25)	*****	3.50	4.00	(19)		1/7	CONF
	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LB/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.S. 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
Dennis E. Thomasson

TELEPHONE
502-540-6000
DATE
07 11 21

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