



**MSD**

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

February 22, 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 – January 2007**

Dear Ms. Thurman:

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

Sincerely,

James E. Porter Jr.  
Process Supervisor Central Region

JEP/Chenoweth Hills 1207

Enclosures

cc: M. Mudd (DOW Louisville)  
P. Burgin  
R. Shaw  
E. Brady  
T. Singleton



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

PERMITTEE NAME/ ADDRESS (Include Facility Name/Location if Different)  
 NAME CHENOWETH HILLS STP MSD  
 ADDRESS 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40291

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

KY0029459  
 PERMIT NUMBER

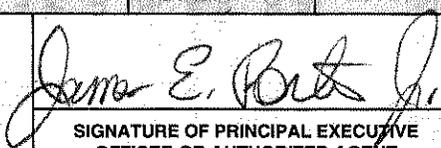
001 I  
 DISCHARGE NUMBER

WINDR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE [ ] \*\*\*

FACILITY CHENOWETH HILLS STP MSD  
 LOCATION JEFFERSONTOWN KY 40299  
 ATTN: DEBBIE NEWTON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	01

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)	*****	*****			7.0	*****	*****	( 17 )	0	1/7	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	*****	*****			6.7	*****	6.8	( 12 )	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****			*****	6.5	10.08	( 19 )	0	1/7	COMB
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		WEEKLY	COMB
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****			*****	1.65	3.81	( 19 )	0	1/7	COMB
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.7 30DA AVG	33.4 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMB
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	2.05	2.64	( 17 )	0	1/7	COMB
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		WEEKLY	COMB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****			*****	*****	*****		0	4/14	4/14
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONT INCL CONT INL UDUS	
CHLORINE, TOTAL RESIDUAL	*****	*****			*****	40.010	40.010	( 17 )	0	1/7	GRAB
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.017 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.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE	
H. J. SCARLETT JR. BYSEC. DIRECTOR TYPED OR PRINTED								502 540-6000	7	2	16
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)					AREA CODE	NUMBER	YEAR	MO	DAY		

PERMITTEE NAME/ **CESS (Include Facility Name/Location if Different)**  
 NAME **CHENOWETH HILLS STP MSD**  
 ADDRESS **8405 CEDAR CREEK RD**  
**JEFFERSONVILLE KY 40291**

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

**KY0029459**  
**PERMIT NUMBER**

**001 1**  
**DISCHARGE NUMBER**

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

FACILITY **CHENOWETH HILLS STP MSD**  
 LOCATION **JEFFERSONTOWN KY 40299**  
 ATTN: **DEBBIE NEWTON**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	01

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		*****	*****		*****	3.83	36.50	( 13 )	0	1/1	COMB
74055 1 C 0		*****	*****	***	*****	200	400	1/		WEEKLY	TRAB
EFFLUENT GROSS VALUE		*****	*****	***	*****	30DA GEO	7 DA GEO	1COML			
BOD, CARBONACEOUS 05 DAY, 20C		6.38	7.08	( 26 )	*****	2.75	3.80	( 17 )	0	1/1	COMB
80082 1 C 0		50	100		*****	30	60			WEEKLY	COMB
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
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		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**H.J. SCHUBERT JR.**  
**BYE 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.

*James E. Roberts Jr.*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **502 540-6000**  
 DATE **7 2 16**  
 AREA CODE NUMBER YEAR MO DAY

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