



MSD

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

August 27, 2008

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 – July 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Report (DMR) for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of July 2008.
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 0708

Enclosures

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



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

NAME CHENOWETH HILLS STP MSD
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY CHENOWETH HILLS STP MSD
 LOCATION JEFFERSONTOWN KY 40299
 ATTN: DENNIS THOMASSON, SR METRO OPS

 KY0029459
 PERMIT NUMBER

 001 1
 DISCHARGE NUMBER

 MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 100% ***
 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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.4	*****	*****	(19)	0	1/1	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE				*****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	7.3	(12)	0	1/1	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	7.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				*****	MINIMUM		MAXIMUM	EU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.49	5.55	(26)	*****	6.00	9.00	(19)	0	1/1	COMB
00500 1 0 0	PERMIT REQUIREMENT	50	100	*****	*****	50	60			WEEKLY	COMB
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.07	0.15	(26)	*****	0.12	0.28	(19)	0	1/1	COMB
00610 1 1 0	PERMIT REQUIREMENT	6.67	13.3	*****	*****	4	8			WEEKLY	COMB
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.54	4.47	(19)	0	1/1	COMB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			WEEKLY	COMB
EFFLUENT GROSS VALUE				*****		MD AVG	DAILY MX	MG/L			
LOW IN CONDUIT OR HRV TREATMENT PLANT	SAMPLE MEASUREMENT	0.111	1.44	(03)	*****	*****	*****		0	1/1	COMB
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****			CONTINUOUS	IN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				*****			UDUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	< 0.010	< 0.010	(19)	0	1/1	COMB
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019			WEEKLY	GRAB
EFFLUENT GROSS VALUE				*****		30DA AVG	DAILY MX	MG/L			
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. SCHMIDT JR EXECUTIVE DIRECTOR TYPED OR PRINTED							502 540-6000	08 08 25			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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 ADDRESS C/O CEDAR CREEK STP
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 LOUISVILLE KY 40211
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 LOCATION JEFFERSONTOWN KY 40299
 ATTN: DENNIS THOMASSON, SR METRO DPS

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

KY0029459
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINDR
 (SUER LV)
 F - FINAL

JEFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
05	07	01	05	07	31

FROM

TO

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE ***

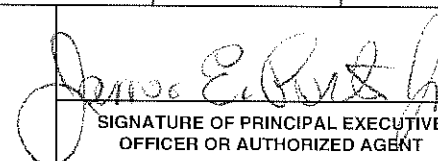
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM- FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	2.78	6.00	(13)	0	1/1	GRAB
4055 1 C O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#/		WEEKLY	GRAB
100, CARBONACEOUS 5 DAY, 30C	SAMPLE MEASUREMENT	2.75	5.55	(26)	*****	4.75	9.00	(19)	0	1/1	COMB
10062 1 C O EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50	100		*****	30	60			WEEKLY	COMB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. 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

TELEPHONE

502-545-6000
 AREA CODE NUMBER

DATE

08 08 25
 YEAR MO DAY

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