



MSD

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

December 18, 2008

Carolena Bentley, DMR Coordinator
Kentucky Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Chenoweth Hills WTP; KPDES No.: KY0029459
Discharge Monitoring Reports – November 2008**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of November 2008. There are no Discharge Reports as there were no discharges for the month.

If you have any questions concerning the attached DMRs, please contact me at (502) 239-7695.

Sincerely,

Kevin D. Ries
Process Supervisor Central Region

KDR/Chenoweth Hills 1108

Enclosures

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



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

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

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

KY0029459	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	11	01		00	11	30

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

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)		*****	*****		8	*****	*****	(19)		0/12	CR
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	CR
PH		*****	*****		6.8	*****	7.0	(12)		0/12	GR
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	CR
SOLIDS, TOTAL SUSPENDED		8	12	(26)	*****	10	16	(19)		0/12	CR
00530 1 0 0 EFFLUENT GROSS VALUE		50	100	LBS/DY	*****	30	50	MG/L		WEEKLY	CR
NITROGEN, AMMONIA TOTAL (AS N)		0.2	0.3	(26)	*****	0.3	0.3	(19)		0/12	CR
00610 1 2 0 EFFLUENT GROSS VALUE		16.7	33.4	LBS/DY	*****	10	20	MG/L		WEEKLY	CR
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	1	2	(19)		0/12	CR
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	CR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.097	0.177	(03)	*****	*****	*****			CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	****		CONTINUOUS	UCUS
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	40.010	40.018	(19)		0/12	GR
50360 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	CR

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			
M. J. Schardein Exec. Director			Ke. = D. Re		08	12
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

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

PERMIT NUMBER
 KY029457

DISCHARGE NUMBER
 001 1

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFI

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 03 11 01 03 11 03

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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	*****	*****		*****	1	1	(13)		1/12	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	#/		WEEKLY	GRAB
DOB, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	3	5	(26)	*****	4	7	(19)		1/03	CP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50	100		*****	30	50			WEEKLY	COMPOSITE
	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. Schaefer
 Exec. 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
 Keith D. Reed

TELEPHONE: 502 546-6011
 DATE: 03 12 22

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

