



MSD

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

February 25, 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 – January 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Report (DMR) for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of January 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 0108

Enclosures

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



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

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

NAME CHENOWETH HILLS STP MSD
ADDRESS C/O CEDAR CREEK STP
840S CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY CHENOWETH HILLS STP MSD
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

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 ***

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	01	01		00	01	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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.1	*****	*****	(19)	0	1/7	3000
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L			
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	*****	(12)	0	1/7	3000
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	50			
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	*****	(19)	0	1/7	3000
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L			
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	(26)	*****	*****	*****	(19)	0	1/7	3000
00610 1 2 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L			
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)	0	1/7	3000
00660 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L			
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	(03)	*****	*****	*****	*****	0	1/7	3000
00050 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(19)	0	1/7	3000
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L			
EFFLUENT GROSS VALUE											
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. SCHARROBIN JR.						502 546 000		07 07 25			
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)

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MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	08	01	01		08	01	31

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3.74	13.00	(13)	0	1/1	CODE
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GED	7 DA GED	100ML		WEEKLY	
BOD, CARBONACEOUS 5 DAY, 20C 50052 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.98	6.84	(26)	*****	8.75	14.00	(19)	0	1/1	CODE
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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H. J. SHARDESIN SR. BY 307115 DIRECTOR TYPED OR PRINTED			502 510 6000	08	02	25

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