



MSD

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

April 16, 2009

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 – March 2009**

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 March 2009.

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 0309

Enclosures

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



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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 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
 0011 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 07 03 01 TO 07 03 02

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			
COLORIM. FECAL GENERAL	*****	*****	*****	*****	1	1	0	0 1/2 WEEKLY	GR
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	300	400 #		WEEKLY	
300, CARBONACEOUS 05 DAY, 30C	4	6	(26)	*****	30DA 850	7 DA 850 100ML		0 1/2 WEEKLY	CP
30055 1 0 0 EFFLUENT GROSS VALUE	30DA AVG	30DA AVG	DAILY MX LBS/DY	*****	30	60		WEEKLY	COMFUS
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
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. Schaefer, Jr.
 Exec. Director

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

TELEPHONE
 502 540-6000

DATE
 9 4 16

AREA CODE NUMBER
 502 540-6000

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

