



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

October 21, 2009

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

**Re: MSD Metro Operations
Chenoweth Hills WQTC; KPDES No.: KY0029459
Discharge Monitoring Reports – September 2009**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Chenoweth Hills WQTC, KPDES No.: KY0029459 for the month of September 2009.

If you have any questions concerning the attached DMRs, please contact me at (502) 239-7574.

Sincerely,

A handwritten signature in cursive script that reads "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Chenoweth Hills 0909

Enclosures

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



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

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

NAME CHENOWETH HILLS WQTC MSD
ADDRESS 070 CEDAR CREEK WQTC
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY CHENOWETH HILLS WQTC MSD
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SP METRO DPS

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

NY0029459
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
07 07 01 07 07 00

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	*****	*****	(17)	0	0/17	GR
00000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	WQTC
PH	*****	*****			6.5	*****	6.7	(12)	0	0/17	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	EU		WEEKLY	WQTC
SOLIDS, TOTAL SUSPENDED	*****	*****			*****	10	14	(19)	0	0/17	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	WQTC
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****			*****	0.4	0.7	(15)	0	0/17	CP
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.67 30DA AVG	13.3 DAILY MX	LBS/DY	*****	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	WQTC
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	4.27	5.29	(14)	0	0/17	CP
00650 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	WQTC
FLOW, IN CIRCUIT OR THRU TREATMENT PLANT	*****	*****			*****	*****	*****		0	0/17	IN
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		WEEKLY	WQTC
CHLORINE, TOTAL RESIDUAL	*****	*****			*****	20.010	20.010	(17)	0	0/17	GR
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.017 DAILY MX	MG/L		WEEKLY	WQTC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHARDON, 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
Denise J. Purdie

TELEPHONE DATE
562 540 6000 29 10 21
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 WOTC MSD
 ADDRESS C/O CEDAR CREEK WOTC
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY CHANDWETH HILLS WOTC MSD
 LOCATION JEFFERSONTOWN KY 40299
 ATTN: DHNNIS THOMASSON, SR METRO OPS

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

KY0029455 PERMIT NUMBER
 001 1 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	09	30

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			
COLIFORM BICAL GENERAL	*****	*****			*****	1	1	(13)	0	0/07	GR
74035 : 0 0 EFFLUENT GROSS VALUE	*****	*****	***	***	*****	200	400	1/		WEEKLY	GRAB
300, CARBONACEOUS DS DAY, 20C	*****	*****	***	***	*****	30DA GEO	7 DA GEO	100ML			
30082 : 0 0 EFFLUENT GROSS VALUE	*****	*****	***	***	*****	30	60	100ML	0	0/07	CP
	*****	*****	***	***	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	DISCUS

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Dwayne V. Knight

TELEPHONE DATE
 502-546-6000 09 10 21
 AREA CODE NUMBER YEAR MO DAY

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

