



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

December 22, 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 – November 2009**

Dear Ms. Bentley:

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

There were no exceedences, bypasses or overflow reports.

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 1109

Enclosures

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



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

NAME CHENOWETH HILLS WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY CHENOWETH HILLS WQTC 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 [] ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	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			
OXYGEN, DISSOLVED (DO)		*****	*****		7	*****	*****	(19)	0	%07	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE				*****	INST MIN			MG/L			
PH		*****	*****		7.0	*****	7.4	(12)	0	%07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				*****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED		3	6	(26)	*****	5	9	(19)	0	%07	CP
00530 1 0 0	PERMIT REQUIREMENT	50	100		*****	30	60			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		0.1	0.2	(26)	*****	0.2	0.3	(19)	0	%07	CP
00610 1 2 0	PERMIT REQUIREMENT	16.7	33.4		*****	10	20			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	0.8	1.0	(19)	0	%07	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			WEEKLY	COMPOS
EFFLUENT GROSS VALUE				*****		MO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.097	0.178	(03)	*****	*****	*****		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		CONTIN	CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD						UOUS	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(19)	0	%07	GR
50060 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.	TELEPHONE		DATE		
		TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

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

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

KY0029459
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 09 MO 11 DAY 01 TO YEAR 09 MO 11 DAY 30

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 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1	1	(13)	0	0/07	GR
BOD, CARBONACEOUS 05 DAY, ZOC 20082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	2	2	(26)	*****	3	3	(17)	0	0/07	CP
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L			WEEKLY COMPOS
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
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		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

