MSD

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

February 25, 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 – January 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 January 2009.

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

Sincerely,

Kevin D. Ries

Kevin D. Ries
Process Supervisor Central Region

KDR/Chenoweth Hills 0109

Enclosures

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

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

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

Form Approved.
OMB No. 2040-0004

KY0029459	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 07 MO 01 DAY 01 TO YEAR 07 MO 01 DAY 31

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

JEFFE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		7	******	******	(19)	Ø	01/07	GR
00300 1 0 0	PERMIT REQUIREMENT	******	****** ****	****	7 INST MIN	******	******	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	******	******		7.0	******	7.1	(12)	Ø	01/07	GR
00400 1 0 0	PERMIT REQUIREMENT	******	****** ****	****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	10	19	(26)	******	10	13	(19)	Ø	01/07	CP
00530 1 0 0	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LBS/DY	******	30 30DA AVG	50 DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.1	0.3	(26)	******	0.1	0.3	(19)	Ø	01/07	CP
00610 1 3 0	PERMIT REQUIREMENT	16.7 30DA AVG	33.4 DAILY MX	LBS/DY	******	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	0.9	2.0	(19)	Ø	01/07	CP
00665 1 0 0	PERMIT REQUIREMENT	******	****** ****	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.132	0.221	(03)	******	******	******		Ø	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	Ø	01/07	GR
50060 1 0 0	PERMIT REQUIREMENT	******	****** ****	****	******	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
H.J. Schneider, Jr.	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.		502 | 574-6020	9	7	25
Exec. Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE | NUMBER	YEAR	MO	DAY
TYPED OR PRINTED						

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME CHENOWETH HILLS STP MSD
ADDRESS C/O CEDAR CREEK STP
8413 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	001 1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	09	01	01	TO	09	01	31

MINOR
(SUBR LY)
F - FINAL
SANITARY WASTEWATER
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*** NO DISCHARGE [ ] ***

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Form Approved.
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COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1	1	(13) #/	0	1/07	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4	6	(26) LBS/DY	******	4	5	(19) MG/L	0	1/07	CP
	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX		******	30 30DA AVG	60 DAILY MX			WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT		.3								
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
H.J. Sclardis, Jr. 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.	Kevin D. Pike SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 502 NUMBER 1540-6000	YEAR 9	MO 7	DAY 29

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

Chenoweth Hills Report for **Jan-09** Tot. Exc.= 0

Tot. Flow=	4.095		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
1/1/09	0.113	8	3	0.055	1	7.53936	2.82726	0.051833	0.83
1/2/09	0.102								
1/3/09	0.102								
1/4/09	0.138								
1/5/09	0.127								
1/6/09	0.141								
1/7/09	0.155								
1/8/09	0.118	5	4	0.055	1	4.9206	3.93648	0.054127	0.256
1/9/09	0.111								
1/10/09	0.172								
1/11/09	0.195								
1/12/09	0.175								
1/13/09	0.176								
1/14/09	0.186								
1/15/09	0.174	13	4	0.055	1	18.86508	5.80464	0.079814	0.441
1/16/09	0.145								
1/17/09	0.126								
1/18/09	0.106								
1/19/09	0.1								
1/20/09	0.09								
1/21/09	0.094								
1/22/09	0.082	13	5	0.28	1	8.89044	3.4194	0.191486	1.96
1/23/09	0.08								
1/24/09	0.073								
1/25/09	0.098								
1/26/09	0.081								
1/27/09	0.102								
1/28/09	0.221								
1/29/09	0.196								
1/30/09	0.137								
1/31/09	0.179								
Average	0.132	9.75	4.00	0.11	1.00	10.05	4.00	0.09	0.87
Maximum	0.221	13.00	5.00	0.28	1.00	18.87	5.80	0.19	1.96