



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

April 26, 2010

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 – March 2010

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 March 2010.

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 03.10

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

ADDRESS C/O CEDAR CREEK WGT

FACILITY

LOCATION

41TH BROAD THOMASBORO OR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

20000459
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
20 03 01 TO 20 03 31

FROM

TO

MINOR

(SUPER LV)

F - FINAL

SANITARY WASTE/WATER

EFFLUENT

41TH NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
5-DIGIT. DILUTED (DD)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****		0	%/7	GR
10000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN						
100	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.0		0	%/7	GR
10000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
10000 1 0 0	SAMPLE MEASUREMENT	7	15	(25)	*****	9	18	(15)	0	%/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30	100	*****	*****	30	30	*****		WEEKLY	COMPO
10000 1 0 0	SAMPLE MEASUREMENT	0.2	0.3	(25)	*****	0.3	0.5	(15)	0	%/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.7	30.4	*****	*****	10	20	*****		WEEKLY	COMPO
10000 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	1.4	2.1	(15)	0	%/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	*****		WEEKLY	COMPO
10000 1 0 0	SAMPLE MEASUREMENT	0.084	0.132	(02)	*****	*****	*****	*****	0	%/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		CONTINUOUS	MON
10000 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	20.010	20.010	(15)	0	%/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	*****		WEEKLY	GRAB
10000 1 0 0					30DA AVG	30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. SHANDRIN, 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

Shandra Shandrin

TELEPHONE

502 540 6000

AREA CODE NUMBER

DATE

10 04 21

YEAR MO DAY

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

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

ADDRESS

LOUISVILLE KY 40211

FACILITY

LOCATION

JEFFERSONTOWN KY 40299

STAN

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

Form Approved.
OMB No. 2040-0004
MINOR
ISSUE
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ***

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			
GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2	4	(10)	0	%	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100%		WEEKLY	GRAB
200, CATHOLIC OS DAY, 200	SAMPLE MEASUREMENT	3	4	(35)	*****	5	6	(19)	0	%	CP
	PERMIT REQUIREMENT	50	100		*****	30	60			WEEKLY	COMPO
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LB/DA		30DA AVG	DAILY MX	10-CL			
	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. SCHAROPIN, 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

TELEPHONE
DATE
572 540 6000
10 04 26
AREA CODE NUMBER YEAR MO DAY

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

Chenoweth Hills		Report for	Mar-10		Tot. Exc.= 0					
Tot. Flow=	2.773		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
3/1/10	0.132									
3/2/10	0.102	18	4	0.28	3	15.31224	3.40272	0.23819	1.76	
3/3/10	0.089									
3/4/10	0.08									
3/5/10	0.073									
3/6/10	0.095									
3/7/10	0.099									
3/8/10	0.075									
3/9/10	0.08	7	6	0.22	4	4.6704	4.0032	0.146784	0.354	
3/10/10	0.077									
3/11/10	0.07									
3/12/10	0.091									
3/13/10	0.105									
3/14/10	0.077									
3/15/10	0.082									
3/16/10	0.082	7	5	0.45	1	4.78716	3.4194	0.307746	1.37	
3/17/10	0.078									
3/18/10	0.072									
3/19/10	0.07									
3/20/10	0.087									
3/21/10	0.094									
3/22/10	0.111									
3/23/10	0.081	4	3	0.28	2	2.70216	2.02662	0.189151	2.12	
3/24/10	0.081									
3/25/10	0.089									
3/26/10	0.113									
3/27/10	0.105									
3/28/10	0.113									
3/29/10	0.096									
3/30/10	0.088									
3/31/10	0.086									
Average	0.089	9.00	4.50	0.31	2.21	6.87	3.21	0.22	1.40	
Maximum	0.132	18.00	6.00	0.45	4.00	15.31	4.00	0.31	2.12	