



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

August 19, 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 – July 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 July 2010

There were no exceedences, bypass 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 07.10

Enclosures

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



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

NOTE: Read Instructions before completing this form.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

PERMIT NUMBER				DISCHARGE NUMBER			
MONITORING PERIOD							
OM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7				0	01/01/00	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				INST MIN						
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				6.9		7.0		0	01/01/00	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM		MAXIMUM				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4	7			6	9		0	01/01/00	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.20	0.4	DVW		0.3	0.6		0	01/01/00	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					2.7	2.9		0	01/01/00	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					REPORT	REPORT				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.097	0.166						0	01/01/00	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD							
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					0.010	0.010		0	01/01/00	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					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.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY
H. J. SCHABER, JR.					H. J. Schaber, Jr.		502	5406000	10	08	26
Executive Director											

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

INDEX

(500X) (20)

Final

SECRETARY OF DEFENSE

FRANKLIN

8-4-94 340 DUBOIS, J. L. (1994)

NOTE: Read Instructions before completing this form.

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

NAME : CHRISTOPHER M. KILPATRICK

ADDRESS C/O CEDAR CREEK WOLF

1. $\frac{1}{2} \leq \frac{1}{2} \leq \frac{1}{2}$ $\frac{1}{2} \leq \frac{1}{2} \leq \frac{1}{2}$ $\frac{1}{2} \leq \frac{1}{2} \leq \frac{1}{2}$ $\frac{1}{2} \leq \frac{1}{2} \leq \frac{1}{2}$

LOUISVILLE

Abstract

FACILITY ALBUQUERQUE WILSON HOTEL MEX

LOCATION JEFFERSON COUNTY

NY 40299

413 ANNIE THOMPSON, 57 METRO OPS

1. *Chlorophyll a* (Chl *a*)

PERMIT NUMBER

1. *Phragmites australis* (Rostk & Schmidt) Bosc.

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO.	DAY
------	-----	-----

YEAR	MO.	DAY
------	-----	-----

FROM

TO

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL	SAMPLE MEASUREMENT					14	199		0	0/17	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA GED	7 DA GED				
5 DAY, 20C	SAMPLE MEASUREMENT	2	3			3	4		0	0/17	CD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY-MX			30DA AVG	DAILY-MX				
	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. SCHARDEL, 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
502-540-6000
AREA CODE NUMBER

DATE
11/08/26
YEAR MO DAY

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

Chenoweth Hills		Report for		Jul-10		Tot. Exc.= 0			
Tot. Flow=	3.016	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
7/1/10	0.063								
7/2/10	0.072								
7/3/10	0.077								
7/4/10	0.073								
7/5/10	0.085	7	4	0.56	1	4.9623	2.8356	0.396984	2.91
7/6/10	0.076								
7/7/10	0.083								
7/8/10	0.07								
7/9/10	0.117								
7/10/10	0.092								
7/11/10	0.086								
7/12/10	0.08	3	2.6	0.22	199	2.0016	1.73472	0.146784	2.6
7/13/10	0.166								
7/14/10	0.102								
7/15/10	0.089								
7/16/10	0.081								
7/17/10	0.098								
7/18/10	0.099								
7/19/10	0.089	9	3	0.22	186	6.68034	2.22678	0.163297	2.73
7/20/10	0.149								
7/21/10	0.151								
7/22/10	0.102								
7/23/10	0.102								
7/24/10	0.101								
7/25/10	0.108								
7/26/10	0.102	5	2	0.11	1	4.2534	1.70136	0.093575	2.37
7/27/10	0.086								
7/28/10	0.106								
7/29/10	0.102								
7/30/10	0.081								
7/31/10	0.128								
Average	0.097	6.00	2.90	0.28	13.87	4.47	2.12	0.20	2.65
Maximum	0.166	9.00	4.00	0.56	199.00	6.68	2.84	0.40	2.91