MSD
Metropolitan Sewer District

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

October 12, 2011

Ms. Cheryl Edwards
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 2011

Dear Ms. Edwards:

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 September 2011.

There were no exceedences, bypasses or overflows.

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

Sincerely,

Duane V. Wright
Process Supervisor Central Region

DVW/Chenoweth Hills 9.11

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME
ADDRESS CHENOWETH HILLS WSTC MSD
C/O CEDAR CREEK WSTC
9405 CEDAR CREEK RD
FACILITY LOUISVILLE KY 40211
LOCATION CHENOWETH HILLS WSTC MSD
JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SR METRO DPS

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

KY0029459 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MONITORING PERIOD

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

MINOR
(SUBLV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFFS

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7	******	******	(19)	0	1/1	GR
	PERMIT REQUIREMENT	******	******	*****	7 INST MIN	******	******	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.0	******	6.7	(12)	0	1/1	GR
	PERMIT REQUIREMENT	******	******	*****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6	18	(26)	******	7	17	(19)	0	1/7	CP
	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.38	0.54	(26)	******	0.5	0.6	(19)	0	1/7	CP
	PERMIT REQUIREMENT	0.67 30DA AVG	13.3 DAILY MX	LBS/DY	******	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	4.4	5.0	(19)	0	1/7	CP
	PERMIT REQUIREMENT	******	******	*****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.100	0.223	(03)	******	******	******		0	CAL	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	***** *****		CONTIN UOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	0	1/1	GR
	PERMIT REQUIREMENT	******	******	*****	******	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCHARDEIN, JR.
EXEC DIR
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.

Duane V. Wright
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 502, NUMBER 540-6000
DATE: YEAR 11, MO 10, DAY 19

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME: CHENOWETH HILLS WQTC MSD
ADDRESS: C/O CEDAR CREEK WQTC
6405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY LOCATION: CHENOWETH HILLS WQTC MSD
JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0099468 — PERMIT NUMBER
001 A — DISCHARGE NUMBER

MONITORING PERIOD

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

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

JEFFS

Form Approved.
OMB No. 2040-0004

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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
COLIFORM, FECAL GENERAL 74055 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	23	40	(13)	0	1/7	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	8	(26)	******	5	7	(19)	0	1/7	CP
	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT						31				
	PERMIT REQUIREMENT						31				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
H.J. SCHARDEIN, 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.		YEAR	MO	DAY
EXEC. DIR.	Diane V. Knight	502 540-6000	11	10	19
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER			

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

Chenoweth Hills Report for **Sep-11** Tot. Exc.= 0

Tot. Flow=	2.99		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
9/1/11	0.074	2	5	0.62	40	1.23432	3.0858	0.382639	3.92
9/2/11	0.076								
9/3/11	0.084								
9/4/11	0.088								
9/5/11	0.107								
9/6/11	0.091								
9/7/11	0.078								
9/8/11	0.097								
9/9/11	0.082	2	3	0.5	24	1.36776	2.05164	0.34194	4.8
9/10/11	0.096								
9/11/11	0.102								
9/12/11	0.084								
9/13/11	0.105								
9/14/11	0.087								
9/15/11	0.108								
9/16/11	0.08	5	4	0.39	10	3.336	2.6688	0.260208	4.97
9/17/11	0.108								
9/18/11	0.111								
9/19/11	0.105								
9/20/11	0.105								
9/21/11	0.088								
9/22/11	0.082								
9/23/11	0.129	17	7	0.5	27	18.28962	7.53102	0.53793	3.93
9/24/11	0.109								
9/25/11	0.109								
9/26/11	0.223								
9/27/11	0.116								
9/28/11	0.092								
9/29/11	0.088								
9/30/11	0.086								
Average	0.100	6.50	4.75	0.50	22.56	6.06	3.83	0.38	4.41
Maximum	0.223	17.00	7.00	0.62	40.00	18.29	7.53	0.54	4.97