

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

November 15, 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 – October 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 October 2011.

There were no exceedences, bypasses or overflows.

V. Wight

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 10.11

Enclosures

cc: C. Roth (DOW Louisville)

R. Shaw

T. Singleton

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

CHENGWETH HILLS WOTC MSD ADDRESS C/O CEDAR CREEK WOTC

8405 CEDAR CREEK RD

LOUISVILLE

FACILITY CHENDWETH HILLS WOTC MSD LOCATION JEFFERSONTOWN

YEAR

FROM

XY0029459

PERMIT NUMBER

MO

MONITORING PERIOD YEAR MO DAY TO [

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DISCHARGE NUMBER

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

DAY

Form Approved. OMB No. 2040-0004

MINOR

(SUBR LY)

F - FINAL

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PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION					SAMPLE
·		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE
(YGEN, DISSOLVED	SAMPLE MEASUREMENT	****	*****		7	*****	**************************************	* (177	0	1/1	GR
3300 1 0 0 <u>"Fluent Gross valu</u>	PERMIT E REQUIREMENT	*****	在各种的特殊 在	***	INST MIN	****	****	MG/L	V.	VENEYAL Y (erres .
	SAMPLE MEASUREMENT	****	****		6.0	****	6.9	1 12/	0	1/1	GR
9400 1 0 0 Truent gross valu	PERMIT E REQUIREMENT	****	*****	*** ****	S. U MINIMUM	*****	7. U MAXIMUM	su.		EENLY:	r1X+142
LIDS, TOTAL SPENDED	SAMPLE MEASUREMENT	4	6	(25) (****	6	2	1 17/	0	1/7	cp
530 1 0 0 <u>Fluent Gross</u> Valu	PERMIT E REQUIREMENT	50 30DA AVG	DAILY MX	LES/DY	*****	30DA AVG	DAILY M	X MG/L	Ĭ. Y	VEENUT)	JUNE US
TROGEN, AMMONIA TAL (AS N)	SAMPLE MEASUREMENT	0.49	0.7	(<u>2</u> 5)	· 安安安安安安	0.7	0.9	1 273	0	1/2	c12
G10 1 1 0 Fluent gross valu	PERMIT E REQUIREMENT	5.67 OVA ADOS	DAILY MX	LBE/DY	*****	GODA AVG	DAILY M	MG/L		YEENLY!	JUCK US
(AS P)	SAMPLE MEASUREMENT		****		*******	4.3	5.5	(27)	0	1/7	CP
%65 1 0 0 Fluent Gross valu	PERMIT E REQUIREMENT	*****	作 化非水安瓿	***	****	ME AVE	REFORT DAILY M	X MG/L		EERLI	. W. W
.DW, IN CONDUIT OR IRU TREATMENT PLAN	SAMPLE		0.199	i Cara	****	***	******		0	C~	دی
9050 1 0 0 <u>Fluent Gross</u> valu	PERMIT E REQUIREMENT	REPURI 30DA AVG	REFURI INST MAX	46D	22757X		*****	· · · · · · · · · · · · · · · · · · ·		UDUS	
LORINE, TOTAL SIDUAL	SAMPLE MEASUREMENT	****	न्त्र के के के के		****	40.010	20.010	1 193	0	1/1	GR
9060 1 0 0 Fruent gross valu	PERMIT E REQUIREMENT	*****	****	***	****	GODA AVO	DAILY M	Carlot I	V		F 1 1 (1 = 1)3
ME/TITLE PRINCIPAL EXECUTIVE				TELEPHO	ΝE	DA	\TE				
I.J. SCHARDEIN, SI EXEC DIR: TYPED OR PRINTED	to assur submit or those submit I am ay	ed under my direction or sup te that qualified personnel pr ted. Based on my inquiry of te e persons directly responsible ted is, to the best of my know ware that there are significan ng the possibility of fine and	operly gather and evaluate of the person or persons who me of for pathering the informati ledge and belief, true, accur-	the information anage the system, on, the information ate, and complete, ise information,	on SIGN	ALL V. N. NATURE OF PRINCIPAL FFICER OR AUTHORIZE	EXECUTIVE SED AGENT	D2 15405		<i>) / /</i> / YEAR M	1 21

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

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

NAME CHENOWETH HILLS WOTC MED ADDRESS C/O CEDAR CREEK WOTC

BAOS CEDAR CREEK RD

LOUISVILLE KY 40211

FACILITY CHENOWETH HILLS WATC MED

LOCATION KY 40297 ATTN: DENNIS THOMASSON, SE METRO OPS NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

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NYOO29459 OUI
PERMIT NUMBER / DISCHARG

DAY

YEAR

FROM

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DISCHARGE NUMBER

DAY

MINOR (SUBR LV) F - FINAL

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Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	JAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	- EX	ANALYSIS	TYPE
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	****	****		****	71	221	(137	0	9/31	GR
74055 1 0 0 Effluent gross value	PERMIT REQUIREMENT	****	****	*** ****	*****	SODA GEO	7 DA GED	# / 100ML		EENL)N	- (V. m. C.)
BOD, CARBONACEOUS D5 DAY, 200	SAMPLE MEASUREMENT	3	4	(Z6)	****	4	5	LY 2	0	1/7	CP
BCCS2 1 C C Effluent gross value	PERMIT REQUIREMENT	50 30DA AVG	DAILY MX	LBS/DY	****	JU BVA AVG	DAILY MX	MG/L	\$	EERLIA	. Diar de
·	SAMPLE MEASUREMENT										Westernegungste beiter
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT		·								granings de lang
	PERMIT REQUIREMENT								222.5 723.52		
	SAMPLE MEASUREMENT			***			And Applied Land Control of the Cont		J4 (4), (3.6)		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								* **		<u> </u>
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT		<u></u>		<u> 1900-yılın birin bir karandı yapırdı.</u> 1907-yılında		na comment de la la la commenta		2-031-69 		
	PERMIT REQUIREMENT										
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							1 m x 11 m 11 m x 2 m x 2 m x 1 m 12 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2	TELEPHON	E	DA'	TE
HJ. SCHARDEIN, JR. EXEC. DIR.	to assur- submitte or those submitte	e that qualified personnel pro ed. Based on my inquiry of th persons directly responsible ed is, to the best of my knowle	operly gather and evaluate the e person or persons who man for gathering the information edge and helief, true, accurate	e information nage the system, n, the information		we V.h.		2 540 60	00	11 10	21
TYPED OR PRINTED	re that there are significant penalties for submitting false information, the possibility of fine and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			A NUMBER		YEAR MO		
COMMENTS AND EXPLANATION OF A	NY VIOLATIONS	(Reference all attac	chments here)	and the same			T Ç Q I	<u>/= </u>	<u> </u>		-

PAGE

Chenoweth Tot. Flow=		Report for	Oct-11		Tot. Exc.=	0	D				
Date	2.60144 Flow	TSS	Concentr BOD	NH3	Casal	TOO	Pounds	NILIO	T-4 Db		
· 10/1/11	0.089	100	BOD .	NU2	Fecal	TSS	BOD	NH3	Tot. Phos.		
10/2/11	0.102										
10/3/11	0.088	2	4	0.78	14	1.46784	2 03568	0.572458	4.28		
10/4/11	0.080		4	0.70	14	1.40704	2.93300	0.572456	4.20		
10/5/11	0.078									•	
10/6/11	0.074										
10/7/11	0.070										
10/8/11	0.089										
10/9/11	0.088					•					
10/10/11	0.088	7	. 3	0.9	40	5.13744	2.20176	0.660528	3,47		
10/11/11	0.085		Ū	0.0	10	0.10711	2.20170	0.000020	0,47		
10/12/11	0.073										
10/13/11	0.084										
10/14/11	0.074					•					
10/15/11	0.091										
10/16/11	0.096										
10/17/11	0.096	7	5	0.5	22	5.60448	4.0032	0.40032	5.51		
10/18/11	0.083		_					******	0.0		
10/19/11	0.077										
10/20/11	0.116										
10/21/11	0.084										
10/22/11	0.095										
10/23/11	0.101										
10/24/11	0.080	7	5	0.5	5050	4.654637	3.324741	0.332474	3.95		
10/25/11	0.067										
10/26/11	0.068				51				•		
10/27/11	0.199				42						
10/28/11	0.100				•						
10/29/11	0.101										
10/30/11	0.105					•					
10/31/11	0.082										
Average	0.090		4.25	0.67	71.47	4.22	3.12	0.49	4.30		
Maximum	0.199		5.00	0.90	221.00	5.60	4.00	0.66			