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

December 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 – November 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 November 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

Duane V. Wright
Process Supervisor Central Region

DVW/Chenoweth Hills 11.11

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME CHENOWETH HILLS WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY CHENOWETH HILLS WQTC MSD
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0027057 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY

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

JEFFE

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	*******	*******		0	1/1	GR
	PERMIT REQUIREMENT	*******	*******	*** ****	INST MIN	*******	*******	MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.1	******	6.8		0	1/1	GR
	PERMIT REQUIREMENT	*******	*******	*** ****	6.0 MINIMUM	*******	9.0 MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7	11		******	8	17		0	1/7	CP
	PERMIT REQUIREMENT	30 30DA AVG	100 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.9	7.2		******	~~8.4~~ DMR	~~17~~ DMR 11		0	1/7	CP
	PERMIT REQUIREMENT	15.7 30DA AVG	33.7 DAILY MX	LBS/DY	******	2.0 30DA AVG	4.0 DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	3.6	4.4		0	1/7	CP
	PERMIT REQUIREMENT	*******	*******	*** ****	******	REQUIRED MO AVG	REQUIRED DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.190	0.756		******	******	******		0	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	*** ****		CONS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*******	*******		******	<0.010	<0.010		0	1/1	GR
	PERMIT REQUIREMENT	*******	*******	*** ****	******	0.011 30DA AVG	0.021 DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
H.J. SCHARDEIN, JR. EXEC. DIR.	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	AREA CODE 502	NUMBER 540-6000	YEAR 11	MO 12	DAY 20
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY CHENOWETH HILLS WQTC MSD

LOCATION JEFFERSONTOWN KY 40299

ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0027457	001 1

MONITORING PERIOD	YEAR	MO	DAY
FROM	**	**	**
TO	**	**	**

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

JEFFE

Form Approved.
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COLIFORM, FECAL GENERAL 74055 1 0 0	SAMPLE MEASUREMENT	******	******		******	10	39	(13)	0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	******	******	200 30DA GEO	400 7 DA GEO	#/100ML			
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0	SAMPLE MEASUREMENT	6	10	(26)	******	5	8	(19)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LBS/DY	******	30 30DA AVG	40 DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.

[signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540 6000	11	12	20
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

Tot. Flow= 5.69084 Concentrations Pounds

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
11/1/11	0.079	17	8	11		11.2	5.2	7.2	3.34
11/2/11	0.079				13				
11/3/11	0.315								
11/4/11	0.138								
11/5/11	0.112								
11/6/11	0.114								
11/7/11	0.088								
11/8/11	0.091	10	4	0.45		7.6	3.0	0.3	4.28
11/9/11	0.076				20				
11/10/11	0.081								
11/11/11	0.076								
11/12/11	0.091								
11/13/11	0.099								
11/14/11	0.087								
11/15/11	0.279	2	3	1.8		4.7	7.0	4.2	4.42
11/16/11	0.315				39				
11/17/11	0.167								
11/18/11	0.108								
11/19/11	0.112								
11/20/11	0.168								
11/21/11	0.196								
11/22/11	0.386	2	3	1.2		6.4	9.7	3.9	2.24
11/23/11	0.238				1				
11/24/11	0.159								
11/25/11	0.121								
11/26/11	0.115								
11/27/11	0.247								
11/28/11	0.756								
11/29/11	0.562								
11/30/11	0.238								
12/1/11									
Average	0.190	7.75	4.50	3.61	10.03	7.47	6.23	3.90	3.57
Maximum	0.756	17.00	8.00	11.00	39.00	11.15	9.65	7.22	4.42