



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

February 22, 2011

Ms. Crystal Thompson
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 – January 2011

Dear Ms. Thompson:

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 January 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,

A handwritten signature in cursive script that reads "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Chenoweth Hills 1.11

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 CHENOWETH HILLS WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC

8403 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY CHENOWETH HILLS WQTC MSD

LOCATION JEFFERSONTOWN

KY 40297

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0029459

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

JEFF

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(14)		0 %07	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.5	(12)		0 %07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	17	34	(26)	*****	15	23	(19)		0 %07	CP
00530 1 0 0	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	CORPUS
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.3	0.4	(25)	*****	0.3	0.4	(19)		0 %07	CP
00610 1 2 0	PERMIT REQUIREMENT	16.7 30DA AVG	33.4 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	CORPUS
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.0	3.8	(19)		0 %07	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	CORPUS
EFFLUENT GROSS VALUE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.111	0.281	(03)	*****	*****	*****			0 CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	UDUS
EFFLUENT GROSS VALUE											
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)		0 %07	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.015 DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
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.				TELEPHONE		DATE			
H. J. SCHARDEIN, JR. EXECUTIVE DIRECTOR TYPED OR PRINTED						502 540 6000		11	2	28	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

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

NAME CHENDWETH HILLS WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC

2405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY CHENDWETH HILLS WQTC MSD

LOCATION JEFFERSONTOWN

KY 40299

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0029459

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	2	3	(13)	0	0/07	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GEG	7 DA GEG	100ML			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	7	8	(26)	*****	7	9	(19)	0	0/07	CP
80062 1 0 0	PERMIT REQUIREMENT	50	100		*****	30	60			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. SCHARDEIN, 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.

TELEPHONE

DATE

502 540 6000 11 2 28

AREA CODE NUMBER YEAR MO DAY

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

Chenoweth Hills		Report for		Jan-11		Tot. Exc.= 0				
Tot. Flow= 3.438				Concentrations						
Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Tot. Phos.	
1/1/11	0.281									
1/2/11	0.176	23	5	0.22	2	33.76032	7.3392	0.322925	2.23	
1/3/11	0.13									
1/4/11	0.119									
1/5/11	0.093									
1/6/11	0.097									
1/7/11	0.082									
1/8/11	0.102									
1/9/11	0.112	4	6	0.39	2	3.73632	5.60448	0.364291	2.89	
1/10/11	0.084									
1/11/11	0.091									
1/12/11	0.087									
1/13/11	0.083									
1/14/11	0.083									
1/15/11	0.099									
1/16/11	0.099									
1/17/11	0.099	11	9	0.34	3	9.08226	7.43094	0.280724	3.82	
1/18/11	0.122									
1/19/11	0.115									
1/20/11	0.104									
1/21/11	0.107									
1/22/11	0.112									
1/23/11	0.117	23	8	0.39	1	22.44294	7.80624	0.380554	3.21	
1/24/11	0.094									
1/25/11	0.1									
1/26/11	0.112									
1/27/11	0.099									
1/28/11	0.106									
1/29/11	0.118									
1/30/11	0.118									
1/31/11	0.097									
Average	0.111	15.25	7.00	0.34	1.86	17.26	7.05	0.34	3.04	
Maximum	0.281	23.00	9.00	0.39	3.00	33.76	7.81	0.38	3.82	