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

March 19, 2012

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 – February 2012

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 February 2012.

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 2.12

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)*

KY0029459 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 12 MO 02 DAY 01 TO YEAR 12 MO 02 DAY 29

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

JEFF

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

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
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		7	******	******	(19)	0	1/1	GR
	PERMIT REQUIREMENT	******	******	**** ****	INST MIN	******	******	MG/L		WEEKL	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		7.1	******	7.5	(12)	0	1/1	GR
	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKL	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	5	11	(26)	******	6	12	(19)	0	1/7	CP
	PERMIT REQUIREMENT	30 30DA AVG	100 DAILY MX	LBS/D	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKL	COMP 24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.3	0.4	(26)	******	0.4	0.5	(19)	0	1/7	CP
	PERMIT REQUIREMENT	1.5 30DA AVG	3.4 DAILY MX	LBS/D	******	1.0 30DA AVG	2.0 DAILY MX	MG/L		WEEKL	COMP 24
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		******	2.9	3.6	(19)	0	1/7	CP
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKL	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.108	0.153	(03)	******	******	******		0	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	0	1/1	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	0.011 30DA AVG	0.017 DAILY MX	MG/L		WEEKL	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
GREG C. HEITZMAN INTERIM 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 502	NUMBER 5406000	YEAR 12	MO 3	DAY 22
TYPED OR PRINTED							

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
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DISCHARGE MONITORING REPORT *(DMR)*

KY0029459 — PERMIT NUMBER
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MONITORING PERIOD
FROM YEAR -- MO -- DAY --
TO YEAR -- MO -- DAY --

Form Approved.
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COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		******	8	10	#/ 100ML	0	1/7	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	30DA GEO	7 DA GEO			WEEKL	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	2	4	(26)	******	3	4	MG/L	0	1/7	CP
	PERMIT REQUIREMENT	30 30DA AVG	100 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX			WEEKL	COMPLE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GREG C. HEITZMAN
INTERIM 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 of Principal Executive Officer or Authorized Agent

TELEPHONE: AREA CODE 502 NUMBER 540 6000

DATE: YEAR 12 MO 3 DAY 22

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

Chenoweth Hills Report for **Feb-12** Tot. Exc.= 0

Tot. Flow= 3.1303

Date	Flow	Concentrations TSS	BOD	NH3	Fecal	Pounds TSS	BOD	NH3	Tot. Phos.
2/1/12	0.099	4	2	0.39		3.29	1.65	0.32	2.7
2/2/12	0.089				10				
2/3/12	0.101								
2/4/12	0.147								
2/5/12	0.150								
2/6/12	0.113								
2/7/12	0.099								
2/8/12	0.102	7	3	0.39		5.94	2.55	0.33	2.93
2/9/12	0.092				9				
2/10/12	0.093								
2/11/12	0.105								
2/12/12	0.108								
2/13/12	0.099								
2/14/12	0.108								
2/15/12	0.107	12	4	0.34		10.70	3.57	0.30	2.36
2/16/12	0.136				8				
2/17/12	0.117								
2/18/12	0.129								
2/19/12	0.119								
2/20/12	0.100								
2/21/12	0.091								
2/22/12	0.101	2	2	0.45		1.68	1.68	0.38	3.57
2/23/12	0.097				7				
2/24/12	0.091								
2/25/12	0.106								
2/26/12	0.107								
2/27/12	0.082								
2/28/12	0.090								
2/29/12	0.153								
3/1/12									
3/2/12									
Average	0.108	6.25	2.75	0.39	8.43	5.40	2.36	0.33	2.89
Maximum	0.153	12.00	4.00	0.45	10.00	10.70	3.57	0.38	3.57