



MSD

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

December 19, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Chenoweth Hills WTP; KPDES No.: KY0029459
Discharge Monitoring Reports – November 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Report (DMR) for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of November 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter Jr.
Process Supervisor Central Region

JEP/Chenoweth Hills 1107

Enclosures

cc: C. Roth (DOW Louisville)
P. Burgin
R. Shaw
E. Brady
T. Singleton



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

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

MINDR
(SUBR LV)
7 - FINAL

JEFFE

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

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

NAME CHENINGETH HILLS CTP MSD
ADDRESS 6405 CEDAR CREEK RD
CHENINGETH KY 40291

PERMIT NUMBER KY0029459

DISCHARGE NUMBER 001 1

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

FROM

TO

FACILITY CHENINGETH HILLS CTP MSD
LOCATION JEFFERSONTOWN KY 40297
D. DINNER PRODUSSON

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
EFFLUENT GROSS VALUE	7.0	*****	*****		7.0	*****	*****	(17)	0	1/7	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	INST MIN.	*****	*****	MG/L			WEEKLY	
EFFLUENT GROSS VALUE	6.7	*****	*****		6.7	*****	*****	(12)	0	1/7	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	SU			WEEKLY	
EFFLUENT GROSS VALUE	7.74	*****	*****	(26)	10.25	*****	*****	(17)	0	1/7	COMB	
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L				WEEKLY	
EFFLUENT GROSS VALUE	0.24	*****	*****	(26)	0.28	*****	*****	(17)	0	1/7	COMB	
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L				WEEKLY	
EFFLUENT GROSS VALUE	3.33	*****	*****		4.17	*****	*****	(17)	0	1/7	COMB	
	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT	MG/L				WEEKLY	
EFFLUENT GROSS VALUE	0.073	*****	*****	(03)	*****	*****	*****		0	9/11	9/11	
	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****				CONT INT UNIT IN	
EFFLUENT GROSS VALUE	<0.010	*****	*****		<0.010	*****	*****	(17)	0	1/7	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	30DA AVG	DAILY MX	MG/L				WEEKLY	
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. SCHROEDER JR EXECUTIVE DIRECTOR TYPED OR PRINTED	James E. [Signature]							502 510-6000	07	12	18	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

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

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

MINOR
(SUBR LV)
F - FINAL

JEFFE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME CHENEVETH HILLS PTP MSD
ADDRESS 8405 CEDAR CREEK RD
COURVILLE KY 40291

KY0029459
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

FROM

TO

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

FACILITY CHENEVETH HILLS PTP MSD
LOCATION JEFFERSONTOWN KY 40299
170 DONALD THOMASSON

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL EFFLUENT GROSS VALUE		*****	*****		*****	4.47	199.00	(13)		1/4	300B
PERMIT REQUIREMENT		*****	*****	*****	*****	200	400			WEEKLY	ORAL
5 DAY BOD5 EFFLUENT GROSS VALUE		1.59	2.25	(26)	*****	2.25	3.00	(19)		1/4	Comb
PERMIT REQUIREMENT		30DA AVG	DAILY MX	LBS/DY	*****	30	50			WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SHERIDAN 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.

James E. Post Jr.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540-6000	07	12	18

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