



MSD

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

January 28, 2008

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 – December 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Report (DMR) for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of December 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 1207

Enclosures

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



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

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

NAME CHENOWETH HILLS BTP MSD
 ADDRESS R405 CEDAR CREEK RD
 LITTLETON KY 40291

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

MY0029459 PERMIT NUMBER
 0011 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFE

FACILITY CHENOWETH HILLS BTP MSD
 LOCATION JEFFERSONTOWN KY 40297
 JIM DENNIS GRUNASSON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

SANITARY WASTEWATER EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD5, DISCHARGE (DO)	SAMPLE MEASUREMENT	*****	*****		7.0	*****	*****	(19)	0	1/7	BASE
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
BOD5, TOTAL	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.8	(12)	0	1/7	BASE
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0	SU		WEEKLY	GRAB
BOD5, TOTAL SUSPENDED	SAMPLE MEASUREMENT	11.05	13.89	(26)	*****	16.00	19.00	(19)	0	1/7	COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50	100	****	*****	30	60	MG/L		WEEKLY	COMPOS
AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2.50	8.01	(26)	*****	3.23	9.80	(19)	0	1/7	COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.7	33.4	****	*****	10	20	MG/L		WEEKLY	COMPOS
AMMONIA, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.53	3.82	(19)	0	1/7	COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
THRU CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.097	0.208	(03)	*****	*****	*****	***	0	9/11	9/11
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	*****	*****	***		CONT INCONT IN	UDUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	40.010	40.010	(19)	0	1/7	BASE
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHROEDER JR
 BY 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.

Jama E. Porter
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE		
502 540-6000	08	01	24
AREA CODE NUMBER	YEAR	MO	DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME CHENOVETH HILLS STP WED

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

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ADDRESS 9405 CEDAR CREEK RD
 LOUISVILLE KY 40291

KY0029459
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 LOCATION JEFFERSONTOWN KY 40297
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE [] ***

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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	SAMPLE MEASUREMENT	*****	*****		*****	2.00	8.00	(13)		1/1	GRAB
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	/		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	300	700	MG/L			
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	****	*****	300	700	MG/L			
TOTAL CARBONACEOUS 25 DAY, BOD EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.82	13.08	(26)	*****	8.00	16.00	(19)		1/7	COMP
PERMIT REQUIREMENT	PERMIT REQUIREMENT	50	100	LB/DY	*****	30	60	MG/L		WEEKLY	COMP
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	300	DAILY MX	LB/DY	*****	300	DAILY MX	MG/L			
PERMIT REQUIREMENT	PERMIT REQUIREMENT	300	DAILY MX	LB/DY	*****	300	DAILY MX	MG/L			

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 H. J. SCHROEDER JR.
 EXECUTIVE DIRECTOR
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Dennis Thomassen
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 510-6000
 DATE 08 01 24

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