



MSD

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

April 22, 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 – March 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Report (DMR) and the Discharge Report for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of March 2008.

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 0308

Enclosures

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



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



Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0029459	Facility ID MSD0263	Treatment Plant Name CHENOWETH HILLS	Receiving Stream of Treatment Plant CHENOWETH RUN	Region CENT	
Facility Type SMH Sewer Manhole	Facility ID 94187	Facility Address 11022 ST RENE RD	If Pump Station, Name of Pump Station:	Receiving Stream CHENOWETH RUN	Discharge to CATCH BASIN

<u>Activity Code / Description</u>	<u>WO#</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Stat</u>	<u>Event Date</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISREV: RAIN EVENT DISCHARGE	757234	03/19/08 10:40 AM	ELDER	ALEXANDER	D	03/19/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	03/19/08 06:00 PM

Spot Inspections:

Discharge Amount: 4,380 GAL
Cause: LACK OF CAPACITY, RAIN EVENT IN AREA
Clean Up: DEBRIS RAKED, BAGGED & HAULED OFF
Control Zone: TEMPORARY SIGNS PLACED AT IMPACTED AREA
Impact: SEWAGE ON THE GROUND
Repair: SITE FOUND DURING RAIN EVENT RECON- WILL BE EVALUATED FOR REPAIR.

Notifications:

03/19/08 12:58 PM Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/19/08 12:58 PM Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

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

NAME CHENOWETH HILLS STP MSD
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY CHENOWETH HILLS STP MSD
LOCATION JEFFERSONTOWN KY 40297
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0029459
PERMIT NUMBER

0011
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFF E

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	03	01		98	03	31

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	00300 1 0 0	*****	*****		7.8	*****	*****	(19)	0	1/7	30 DE
EFFLUENT GROSS VALUE	PH	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	COMPL
EFFLUENT GROSS VALUE	00400 1 0 0	*****	*****	*****	7.0	*****	7.8	(12)	0	1/7	30 DE
EFFLUENT GROSS VALUE	PH	*****	*****	*****	6.0	*****	9.0	MG/L		WEEKLY	COMPL
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	*****	*****	(26)	*****	*****	*****	(19)	0	1/7	30 DE
EFFLUENT GROSS VALUE	PH	*****	*****	*****	30DA AVG	*****	*****	MG/L		WEEKLY	COMPL
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	*****	*****	(26)	*****	*****	*****	(19)	0	1/7	30 DE
EFFLUENT GROSS VALUE	PH	*****	*****	*****	30DA AVG	*****	*****	MG/L		WEEKLY	COMPL
PHOSPHORUS, TOTAL (AS P)	00685 1 0 0	*****	*****	(05)	*****	*****	*****	(19)	0	1/7	30 DE
EFFLUENT GROSS VALUE	PH	*****	*****	*****	REPORT	*****	*****	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050 1 0 0	*****	*****	(05)	*****	*****	*****	*****	0	C/N	C/N
EFFLUENT GROSS VALUE	PH	*****	*****	*****	30DA AVG	*****	*****	MG/D		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	00060 1 0 0	*****	*****	(19)	*****	*****	*****	(19)	0	1/7	30 DE
EFFLUENT GROSS VALUE	PH	*****	*****	*****	30DA AVG	*****	*****	MG/L		WEEKLY	COMPL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. THOMASSON, SR
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
Dennis Thomasson, Sr.

TELEPHONE
502-540-6500
DATE
08/21/98

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

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

NAME CHENOWETH HILLS STP MSD
 ADDRESS C/O CEDAR CREEK STP
 8403 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY CHENOWETH HILLS STP MSD
 LOCATION JEFFERSONTOWN KY 40299
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0025459
 PERMIT NUMBER

0011
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFERSONTOWN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL		*****	*****		*****			(13)		1/7	GRADE
74055 1 0 0		*****	*****	***	*****	200	400	*/		WEEKLY	
EFFLUENT GROSS VALUE		*****	*****	***	*****	30DA GEO	7 DA GEO	100ML			
BOD, CARBONACEOUS 05 DAY, 20C		*****	*****	(26)	*****			(17)		1/7	COMPL
20052 1 0 0		*****	*****		*****	30	60			WEEKLY	COMPL
EFFLUENT GROSS VALUE		*****	*****	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHROEDER JR.
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

TELEPHONE
 502-545-6000
 AREA CODE NUMBER
 DATE
 YEAR 08 MO 04 DAY 21

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