



MSD

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

July 24, 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 – June 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Report (DMR) for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of June 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 0608

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 STP MSD
 ADDRESS C/O CEDAR CREEK STP
 B405 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)

KY0029459
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINDR
 (SUBR LV)
 T - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	06	01		06	06	30

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE [] ***

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			
OXYGEN, DISSOLVED (DO)		*****	*****		7.4	*****	*****	(19)		1/7	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	INST MIN	*****	*****	MG/L		1/7	GRAB
PH		*****	*****		6.8	*****	*****	(12)		1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	MINIMUM	*****	MAXIMUM	SD		1/7	GRAB
SOLIDS, TOTAL SUSPENDED		4.79	8.02	(26)	*****	8.00	13.00	(19)		1/7	COMPL
00530 1 0 0 EFFLUENT GROSS VALUE		50	100	*****	*****	30	80	MG/L		1/7	COMPL
NITROGEN, AMMONIA TOTAL (AS N)		1.44	3.91	(26)	*****	2.49	6.80	(19)		1/7	COMPL
00610 1 1 0 EFFLUENT GROSS VALUE		5.87	13.3	*****	*****	4	8	MG/L		1/7	COMPL
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	2.86	7.14	(19)		1/7	COMPL
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT	REPORT	MG/L		1/7	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		2.067	0.075	(03)	*****	*****	*****			1/10	1/10
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	*****	*****	*****	*****	*****		CONT IN CONT IN	UGUS
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	< 0.010	< 0.010	(19)		1/7	GRAB
50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.011	0.019	MG/L		1/7	GRAB

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		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO

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

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	9.92	102	(13)		1/7	GRAB
PERMIT REQUIREMENT		*****	*****	****	*****	200	400 #/			WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE		2.53	4.22	(26)	*****	4.25	7.00	(19)		1/7	COMB
PERMIT REQUIREMENT		50	100		*****	30	60			WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. SCHROEDER 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. Rust Jr.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 502 540-6000
 DATE
 07 07 02
 AREA CODE NUMBER YEAR MO DAY

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