



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

August 24, 2009

Carolena Bentley, DMR Coordinator  
Kentucky Division of Water  
200 Fair Oaks Lane, 4<sup>th</sup> Floor  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Chenoweth Hills WTP; KPDES No.: KY0029459  
Discharge Monitoring Reports – July 2009**

Dear Ms. Bentley:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Chenoweth Hills WTP, KPDES No.: KY0029459 for the month of July 2009.

If you have any questions concerning the attached DMRs, please contact me at (502) 239-7574.

Sincerely,

A handwritten signature in cursive script that reads "Duane V. Wright".

Duane V. Wright  
Process Supervisor Central Region

DVW/Chenoweth Hills 0709

Enclosures

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



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

NAME **SHANDON HILLS WQTC MSD**  
 ADDRESS **C/O CEDAR CREEK WQTC**  
**MADE CEDAR CREEK RD**  
**LOUISVILLE KY 40211**  
 FACILITY **SHANDON HILLS WQTC MSD**  
 LOCATION **JEFFERSONTOWN KY 40299**  
 ATTN **DAVID THOMASSON, SF METRO OPS**

**00029459**  
**PERMIT NUMBER**

**001 1**  
**DISCHARGE NUMBER**

MINOR  
 (BUREAU)  
 F - FINAL  
 SANITARY WASTEWATER EFFLUENT  
 \*\*\* NO DISCHARGE \*\*\*

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

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			
DISSOLVED SOLIDS (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	15	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	INST MIN	7	*****	*****	MG/L		WEEKLY	GR
BOD	SAMPLE MEASUREMENT	*****	*****		6.7	*****	76	12	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MINIMUM	6.0	*****	7.0	50		WEEKLY	GR
SOLUBLE TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	34 DVW	35 DVW	(26)	*****	5	7	17	0	1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	LB/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	CP
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.29 DVW	0.6 DVW	(26)	*****	0.4	0.8	14	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	6.67 30DA AVG	13.3 DAILY MX	LB/DY	*****	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	CP
PHOSPHORUS TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.8	1.3	19	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	REPORT NO AVG	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		WEEKLY	CP
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.109 DVW	0.280 DVW	(03)	*****	*****	*****		0	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****			CONTINUOUS	CN
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	20.00	20.00	19	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*David Thomasson*  
**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.

*Deanne V. Kishicki*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 502 540 6000  
 DATE  
 07 08 25

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

NAME CHARLOTTE HILLS WQTC MSD  
ADDRESS 070 CEDAR CREEK WQTC  
0415 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY CHARLOTTE HILLS WQTC MSD  
LOCATION JEFFERSONTOWN KY 40299  
ATTN: DANIEL THOMASON, SR. METRO OPS

KY00029489  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	7	11		07	07	31

MINOR  
SEWER LVS  
FINAL  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*

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			
GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(10)	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	MG/L		WEEKLY	
50. CARBONACEOUS 05 DAY, BOD	SAMPLE MEASUREMENT	2	3	(20)	*****	3	3	(17)	0	0/07	CP
	PERMIT REQUIREMENT	50	100		*****	30	60	MG/L		WEEKLY	CMFUS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
M.J. SCHARDEIN, 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.

*Dan V. ...*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502.546.6000  
DATE: 07 05 25  
AREA CODE: NUMBER: YEAR: MO: DAY

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

