



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

July 23, 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 – June 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 June 2009.

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

Sincerely,

Duane V. Wright  
Process Supervisor Central Region

DVW/Chenoweth Hills 0609

Enclosures

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



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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 40299  
 ATTN: DENNIS THOMASSON, SR METRO DPB

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

MINOR (SUBR LVI)  
 T - FINAL  
 SANITARY WASTEWATER EFFLUENT  
 \*\*\* NO DISCHARGE \*\*\*

Form Approved  
 OMB No. 2040-0004

PERMIT NUMBER: KY0029457  
 DISCHARGE NUMBER: 0011

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	03		07	05	03

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	7							0	0%/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	INST MIN						MG/L			
PH	00400	6.7			6.0	6.9			0	0%/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MINIMUM				MAXIMUM		5U			
SOLIDS, TOTAL SUSPENDED	00530	6	11	( 20 )		7	9		0	0%/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	00610	0.09	0.2	( 20 )		0.1	0.3		0	0%/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	00665					0.7	1.3		0	0%/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT			REPORT	REPORT	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050	0.112	0.157	( 03 )					0	0%/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL	00060					40.010	40.010		0	0%/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L			
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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME: CHENOWETH HILLS STP MSD  
ADDRESS: 070 CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY: CHENOWETH HILLS STP MSD  
LOCATION: JEFFERSONTOWN KY 40299  
ATTN: DENNIS THOMASSEN, SR. METRO OPS

KY0029459  
PERMIT NUMBER: KY0029459  
DISCHARGE NUMBER: 001  
MONITORING PERIOD:  
FROM: 07 06 01 TO: 07 06 30

MINOR (SUBR LV)  
F - FINAL  
SANITARY WASTEWATER EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
JETFE

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			
GENERAL		*****	*****		*****	1	1			0/17	GR
EFFLUENT GROSS VALUE		*****	*****	***	*****	200	400	*/		WEEKLY	BTAD
505 CARBONACEOUS				( 25 )	*****						
5 DAY, 20C		3	4		*****	3	4			0/17	FD
EFFLUENT GROSS VALUE		50	100		*****	50	50			WEEKLY	CONFLU
		30DA AVG	DAILY MX	LB/DY	*****	30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHARDDIN, 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Dennis Thomassen, Sr.*

TELEPHONE: 502 406000  
DATE: 07 07 23  
AREA CODE: 502 NUMBER: 406000 YEAR: 07 MO: 07 DAY: 23

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

