



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)

April 28, 2011

Ms. Crystal Thompson  
Kentucky Division of Water  
200 Fair Oaks Lane, 4<sup>th</sup> Floor  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Chenoweth Hills WQTC; KPDES No.: KY0029459  
Discharge Monitoring Reports – March 2011**

Dear Ms. Thompson:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) for the Chenoweth Hills WQTC, KPDES No.: KY0029459 for the month of March 2011.

There were no exceedences, bypasses or overflows.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Duane V. Wright".

Duane V. Wright  
Process Supervisor Central Region

DVW/Chenoweth Hills 3.11

Enclosures

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



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

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

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT

JETFE

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME CHENOWETH HILLS WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
3405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY CHENOWETH HILLS WQTC MSD  
LOCATION JEFFERSONTOWN KY 40299  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029459		001 1				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	03	01		11	03	01

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 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7	*****	*****	( 19 )	0	1/7	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	URAS
PH 00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7.0	*****	7.5	( 12 )	0	1/7	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	6.0 MINIMUM	*****	7.0 MAXIMUM	50		WEEKLY	URAS
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	*****	6	13	( 25 )	*****	4	9	( 19 )	0	1/7	CP
PERMIT REQUIREMENT	*****	50 30DA AVG	100 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	URAS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	*****	0.3	0.3	( 26 )	*****	0.2	0.3	( 19 )	0	1/7	CP
PERMIT REQUIREMENT	*****	16.7 30DA AVG	36.4 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	URAS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	2.1	3.3	( 19 )	0	1/7	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	URAS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	*****	0.181	0.830	( 03 )	*****	*****	*****	*****	0	EN	CN
PERMIT REQUIREMENT	*****	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		QUARTERLY	IN UOUS
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<0.010	<0.010	( 19 )	0	1/7	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	URAS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schardein, Jr. Exec. 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 	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			502	540-6000	11	4	26

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

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

NAME CHENOWETH HILLS WQTC MSD  
 ADDRESS C/O CEDAR CREEK WQTC  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY CHENOWETH HILLS WQTC 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

MINOR  
 (SUBR LV)  
 F - FINAL

Form Approved.  
 OMB No. 2040-0004

JEFFS

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	11	03	01		11	03	31

SANITARY WASTEWATER  
 EFFLUENT

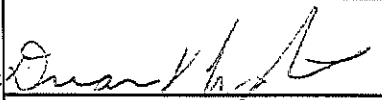
\*\*\* NO DISCHARGE [ ] \*\*\*

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2	3	( 13)		0 1/02	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GR
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4	6	( 26)	*****	3	4	( 19)		0 1/02	GR
	PERMIT REQUIREMENT	50	100	LBS/DY	*****	20	60	MG/L		WEEKLY	COMPLD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.J. Schroder, Jr.  
 Exec. 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  


TELEPHONE DATE  
 562 540-6000 11 4 26  
 AREA CODE NUMBER YEAR MO DAY

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

Chenoweth Hills		Report for	Mar-11		Tot. Exc.= 0				
Tot. Flow=	5.606		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
3/1/11	0.267								
3/2/11	0.172								
3/3/11	0.167	2	3	0.22	3	2.78556	4.17834	0.306412	1.69
3/4/11	0.12								
3/5/11	0.309								
3/6/11	0.283								
3/7/11	0.169								
3/8/11	0.158	3	3	0.22		3.95316	3.95316	0.289898	1.14
3/9/11	0.83								
3/10/11	0.157								
3/11/11	0.205				3				
3/12/11	0.192								
3/13/11	0.176								
3/14/11	0.162								
3/15/11	0.179	9	4	0.22	1	13.43574	5.97144	0.328429	2.11
3/16/11	0.174								
3/17/11	0.178								
3/18/11	0.168								
3/19/11	0.178								
3/20/11	0.212								
3/21/11	0.128								
3/22/11	0.124	3	3	0.28	1	3.10248	3.10248	0.289565	3.28
3/23/11	0.133								
3/24/11	0.089								
3/25/11	0.09								
3/26/11	0.105								
3/27/11	0.111								
3/28/11	0.09								
3/29/11	0.091								
3/30/11	0.09								
3/31/11	0.099								
Average	0.181	4.25	3.25	0.24	1.73	5.82	4.30	0.30	2.06
Maximum	0.830	9.00	4.00	0.28	3.00	13.44	5.97	0.33	3.28