



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

May 9, 2012

Ms. Cheryl Edwards
Kentucky Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Chenoweth Hills WQTC; KPDES No.: KY0029459
Discharge Monitoring Reports – April 2012**

Dear Ms. Edwards:

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 April 2012.

There were no exceedences, bypasses or overflows.

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 4.12

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 WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8408 CEDAR CREEK RD.
LOUISVILLE KY 40211
FACILITY CHENOWETH HILLS WQTC MSD
LOCATION JEFFERSONTOWN KY 40299
ATTN: DENNIS THOMASSEN, 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
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ***

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2000	12	22		2001	01	01

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 (OD) 00300 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L	0	1/1	GR
PH 00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	6.7	*****	7.5	MG/L	0	1/1	GR
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	5	*****	10	MG/L	0	1/7	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	0.4	*****	0.4	MG/L	0	1/7	CP
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.4	MG/L	0	1/7	CP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	0.101	*****	0.254	MGD	0	EN	EN
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	20.010	MG/L	0	1/1	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GREG C. HEITZMAN
Interim Exec. DIR.
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.

Dorane V. Wright
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 540 6000
DATE
12 5 22

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
 6405 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
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE 1 ***

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	04	01		12	04	01

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 74085 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	52	90	(13)	0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/30DA SEC		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	3	3	(25)	*****	4	4	(19)	0	1/7	CP
	PERMIT REQUIREMENT	50	100		*****	30	60			WEEKLY	DUMFRIES
	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/D		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
 GREG C. HEITZMAN
 INTERIM EXEC. DIR
 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.

Dennis V. Wright
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540 6000
 DATE 12 5 22
 AREA CODE NUMBER YEAR MO DAY

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

Chenoweth Hills		Report for	Apr-12			Tot. Exc.= 0			
Tot. Flow=	3.01958	Concentrations							
Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Tot. Phos.
4/1/12	0.254								
4/2/12	0.182								
4/3/12	0.126	3	3	0.34		3.15	3.15	0.36	1.96
4/4/12	0.102				34				
4/5/12	0.108								
4/6/12	0.093								
4/7/12	0.103								
4/8/12	0.095	2	3	0.34		1.59	2.39	0.27	3.68
4/9/12	0.083				55				
4/10/12	0.085								
4/11/12	0.080								
4/12/12	0.077								
4/13/12	0.074								
4/14/12	0.092								
4/15/12	0.095	6	4	0.45		4.74	3.16	0.36	4.04
4/16/12	0.081				42				
4/17/12	0.075								
4/18/12	0.072								
4/19/12	0.075								
4/20/12	0.071								
4/21/12	0.103								
4/22/12	0.097	12	4	0.5		9.73	3.24	0.41	3.93
4/23/12	0.082				90				
4/24/12	0.081								
4/25/12	0.077								
4/26/12	0.081								
4/27/12	0.076								
4/28/12	0.106								
4/29/12	0.160								
4/30/12	0.133								
5/1/12									
Average	0.101	5.75	3.50	0.41	51.56	4.80	2.99	0.35	3.40
Maximum	0.254	12.00	4.00	0.50	90.00	9.73	3.24	0.41	4.04