



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

November 19, 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 – October 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 October 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 10.12

Enclosures

cc: R. Shaw
T. Singleton



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

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

Form Approved
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211
FACILITY: CHENOWETH HILLS WQTC MSD
LOCATION: 4305 ST RENE CT
JEFFERSONTOWN, KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029459
PERMIT NUMBER

001-1
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

MONITORING PERIOD		
MM/DD/YYYY		MM/DD/YYYY
10/01/2012	FROM	TO
		10/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	8		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	4	6		4	6			0	1/7	CP
	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	lb/d	30 30DA AVG	60 DAILY MX		mg/L		Weekly	COMPOS
00610 1 1 Effluent Gross	SAMPLE MEASUREMENT	0.43	0.6		0.4	0.6			0	1/7	CP
	PERMIT REQUIREMENT	6.67 30DA AVG	13.3 DAILY MX	lb/d	4 30DA AVG	8 DAILY MX		mg/L		Weekly	COMPOS
00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	4.0	4.7			0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX		mg/L		Weekly	COMPOS
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.115	0.206		*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GREG C. WEITZMAN</i> 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 persons 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 <i>Dennis Thomasson</i>	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.			502	5406000	11/20/2012

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MONITORING PERIOD		
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FROM 10/01/2012	TO	10/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	23	39		0	1/5	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	19	68		*****	15	46		0	1/5	LP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	50 30DA AVG	100 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS

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			AREA Code 502	NUMBER 5406000

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

Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

Chenoweth Hills		Report for	Oct-12			Tot. Exc.= 0				
Tot. Flow=	3.551		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
10/1/12	0.177	4	46	0.39		5.90	67.90	0.58	3.15	
10/2/12	0.206				9					
10/3/12	0.119									
10/4/12	0.098									
10/5/12	0.087									
10/6/12	0.100									
10/7/12	0.104									
10/8/12	0.097	4	4	0.39		3.24	3.24	0.32	3.85	
10/9/12	0.094				39					
10/10/12	0.092									
10/11/12	0.107									
10/12/12	0.095									
10/13/12	0.115									
10/14/12	0.125									
10/15/12	0.104	2	3	0.56		1.73	2.60	0.49	4.67	
10/16/12	0.099				38					
10/17/12	0.106									
10/18/12	0.110									
10/19/12	0.102									
10/20/12	0.115									
10/21/12	0.122									
10/22/12	0.100	6	5	0.39		5.00	4.17	0.33	4.42	
10/23/12	0.098				20					
10/24/12	0.091									
10/25/12	0.094									
10/26/12	0.115									
10/27/12	0.164									
10/28/12	0.143									
10/29/12	0.131									
10/30/12	0.120									
10/31/12	0.121									
Average	0.115	4.00	14.50	0.43	22.73	3.97	19.48	0.43	4.02	
Maximum	0.206	6.00	46.00	0.56	39.00	5.90	67.90	0.58	4.67	