



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

April 18, 2012

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

**Re: MSD Metro Operations
Chenoweth Run WQTC
KPDES No.: KY0042226
Discharge Monitoring Reports – March 2012**

Dear Ms. Edwards:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Chenoweth Run WQTC, KPDES No.: KY0042226 for the month of March 2012.

There were no exceedences, bypasses or overflow reports.

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

Sincerely,

Duane V. Wright
Process Supervisor Central Region

DVW/ Chen. Run 3.12

Enclosures

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



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

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

NAME CHENDWETH RUN WQTC
 ADDRESS C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY CHENDWETH RUN WQTC
 LOCATION LOUISVILLE KY 40223
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

Form Approved.
 OMB No. 2040-0004

KY0042226
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE [] ***
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	03	01		12	03	31

PARAMETER	X	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	SAMPLE MEASUREMENT	*****	*****		9	*****	*****	(19)	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.4	(12)	0	1/1	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	8	9	(26)	*****	3	3	(19)	0	1/7	CP
	PERMIT REQUIREMENT	118 30DA AVG	236 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX			WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.4	2.0	(26)	*****	0.4	0.5	(19)	0	1/7	CP
	PERMIT REQUIREMENT	19.6 30DA AVG	39.2 DAILY MX	LBS/DY	*****	5 30DA AVG	10 DAILY MX			WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3.3	3.6	(19)	0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX			WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.432	0.707	(03)	*****	*****	*****		0	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	20.010	20.010	(19)	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.019 DAILY MX			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Greg C. Heitman
 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.

Deanne V. Waich
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 502 540 6000
 DATE
 12 4 20

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

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

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Form Approved
 OMB No. 2040-0004

JEFF

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PARAMETER	SAMPLE MEASUREMENT	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	*****	*****		*****	1	1	(13)	0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	8.8	11.5	(26)	*****	3	4	(19)	0	1/7	CP
	PERMIT REQUIREMENT	39.2	78.4		*****	10	20			WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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Dwaine V. ...
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540 6000	12	4	20
AREA CODE	NUMBER	YEAR	MO	DAY

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

LAKE FOREST

Tot. Flow= 13.40404

Report for

Jan-01

Tot. Exc.= 0

Concentrations

Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Conc. T Phos
1/1/01	0.347	2	2	0.34		5.794	5.794	0.985	3.6
1/2/01	0.444				1				
1/3/01	0.422								
1/4/01	0.386								
1/5/01	0.413								
1/6/01	0.414								
1/7/01	0.400								
1/8/01	0.518	2	2	0.45		8.647	8.647	1.945	3.33
1/9/01	0.617				1				
1/10/01	0.442								
1/11/01	0.392								
1/12/01	0.406								
1/13/01	0.368								
1/14/01	0.349								
1/15/01	0.365	3	3	0.45		9.127	9.127	1.369	3.17
1/16/01	0.640				1				
1/17/01	0.505								
1/18/01	0.670								
1/19/01	0.493								
1/20/01	0.381								
1/21/01	0.339								
1/22/01	0.345	3	4	0.39		8.621	11.495	1.121	3.26
1/23/01	0.531				1				
1/24/01	0.707								
1/25/01	0.486								
1/26/01	0.382								
1/27/01	0.338								
1/28/01	0.324								
1/29/01	0.322								
1/30/01	0.315								
1/31/01	0.344								
Average	0.432	2.50	2.75	0.41	1.00	8.05	8.77	1.36	3.34
Maximum	0.707	3.00	4.00	0.45	1.00	9.13	11.49	1.95	3.60