



MSD

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

September 11, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Lake Forest WTP (aka Chenoweth Run WTP)
KPDES No.: KY0042226
Discharge Monitoring Reports – August 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Lake Forest WTP (aka Chenoweth Run WTP), KPDES No.: KY0042226 for the month of August 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/ Lake Forest 0807

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER

JEFFE

NAME LAKE FOREST MSD
ADDRESS LOUISVILLE/JEFF MSD
700 W LIBERTY ST
LOUISVILLE KY 40203
FACILITY LAKE FOREST MSD
LOCATION LOUISVILLE KY 40223
ATTN: H J SCHARDEIN JR, EXEC DIR

KY0042226
001 2
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	01

*** NO DISCHARGE 1 ***

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)		*****	*****		7.0	*****	*****	(17)	0	1/7	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE PH		*****	*****		6.7	*****	6.7	(12)	0	1/7	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRAB
EFFLUENT GROSS VALUE		*****	*****	(28)	*****	1.50	2.0	(17)	0	1/7	Comp
SOLIDS, TOTAL SUSPENDED		118	236	LBS/DY	*****	30	50	MG/L		WEEKLY	COMPO
00530 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX		*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPO
EFFLUENT GROSS VALUE		*****	*****	(26)	*****	0.11	0.17	(17)	0	1/7	Comp
NITROGEN, AMMONIA TOTAL (AS N)		7.84	15.7	LBS/DY	*****	2	4	MG/L		WEEKLY	COMPO
00610 1 1 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX		*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPO
EFFLUENT GROSS VALUE		*****	*****		*****	4.66	4.80	(17)	0	1/7	Comp
PHOSPHORUS, TOTAL (AS P)		*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPO
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPO
EFFLUENT GROSS VALUE		*****	*****	(03)	*****	*****	*****	*****	0	0/10	C/N
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.342	0.511	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE		*****	*****		*****	<0.010	<0.010	(17)	0	1/7	Grab
CHLORINE, TOTAL RESIDUAL		*****	*****	****	*****	0.011	0.017	MG/L		WEEKLY	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schardein 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
			502 241 9093	07	09	10

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

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

NAME LAKE FOREST MSD
 ADDRESS LOUISVILLE/JEFF MSD
 700 W LIBERTY ST
 LOUISVILLE KY 40203
 FACILITY LAKE FOREST MSD
 LOCATION LOUISVILLE KY 40223
 ATTN: H J SCHARDEIN JR. EXEC DIR

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

KY0042226
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER

Form Approved
 OMB No. 2040-0004

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	03

FROM

TO

*** NO DISCHARGE ***

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	2.0	4.0	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML			WEEKLY GRAB
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE		4.91	6.04	(26)	*****	1.75	2.0	(17)	0	1/7	Comp
	PERMIT REQUIREMENT	39.2	78.4		*****	30DA AVG	DAILY MX	MG/L			WEEKLY COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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 241 9093
 DATE 07 09 10
 AREA CODE NUMBER YEAR MO DAY

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