



MSD

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

February 23, 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 – January 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 January 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 0107

Enclosures

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



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

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

MINOR
(SUPER LV)
F - FINAL
SANITARY WASTEWATER

JEFF

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

KY0042226

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 07 MO 01 DAY 01 TO YEAR 07 MO 01 DAY 31

*** 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) 00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****		8.5	*****	*****	(19)	0	1/7	Grab		
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB		
PH 00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		6.9	*****	7.1	(12)	0	1/7	Grab		
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB		
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE		12.09	26.60	(26)	*****	3.00	5.00	(19)	0	1/7	Comp		
	PERMIT REQUIREMENT	118 30DA AVG	236 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS		
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE		7.19	22.03	(26)	*****	1.65	4.14	(19)	0	1/7	Comp		
	PERMIT REQUIREMENT	19.6 30DA AVG	39.2 DAILY MX	LBS/DY	*****	5 30DA AVG	10 DAILY MX	MG/L		WEEKLY	COMPOS		
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	3.42	3.77	(19)	0	1/7	Comp		
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		.448	.946	(03)	*****	*****	*****		0	C/N	C/N		
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS		
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	<0.010	<0.010	(19)	0	1/7	Grab.		
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.				TELEPHONE		DATE					
H.J. Schardein Jr. Exec. Director TYPED OR PRINTED						500 540-6000		07	02	19			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			YEAR	MO	DAY

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
JEFFERSON

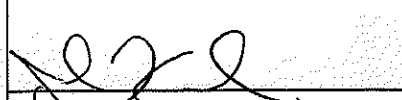
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	01	01	TO	07	01	31

*** NO DISCHARGE I ***
NOTE: Read Instructions before completing this form.

PARAMETER		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	*****	*****		*****	1.00	1.00	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#/ 30DA GEO 2 DA GEO 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	15.02	47.89	(26)	*****	3.25	9.00	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	39.2	78.4		*****	10	20	30DA AVG DAILY MX MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	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		DATE		
502	540-6600	07	02	19
AREA CODE	NUMBER	YEAR	MO	DAY

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