



MSD

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

November 26, 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 – October 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 October 2007.

During the month of October we exceeded all limits for NH₃, we believe this was due to our regional drought conditions. Samples that were taken at the end of the month were below our limits.

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 1007

Enclosures

cc: C. Roth (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)

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							
FROM				TO			
YEAR	MO	DAY		YEAR	MO	DAY	
07	10	01		07	10	31	

*** NO DISCHARGE 1 1 ***

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				
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.2	*****	*****	(19)	0	1/2	Grab	
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L		WEEKLY	GRAB	
EFFLUENT GROSS VALUE					INST MIN							
PH	SAMPLE MEASUREMENT	*****	*****		6.1	*****	*****	(12)	0	1/2	Grab	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	MG/L		WEEKLY	GRAB	
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM	SU				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	10.75	14.43	(26)	*****	3.75	5.0	(19)	0	1/2	Comp	
00500 1 0 0	PERMIT REQUIREMENT	118	236		*****	30	60	MG/L		WEEKLY	COMPOS	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX					
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	13.11	22.34	(26)	*****	4.45	7.28	(19)	4	1/2	Comp	
00610 1 1 0	PERMIT REQUIREMENT	7.84	15.7		*****	2	4	MG/L		WEEKLY	COMPOS	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX					
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	4.27	4.50	(19)	0	1/2	Comp	
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS	
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.389	0.759	(03)	*****	*****	*****		0	C/N	C/N	
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		CONTINUOUS	CONTINUOUS	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD								
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/2	Grab	
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	MG/L		WEEKLY	GRAB	
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX					
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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Exec Director H. J. Scharduin								508 1241-9093		07	11	21
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

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TO

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	5.05	650	(13)	0	1/4	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	4.99	5.77	(26)	*****	1.75	2.0	(17)	0	1/4	Comp
20082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.2	78.4	LB/DY	*****	10	20	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
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Eric Dierker H.J. Schardin TYPED OR PRINTED			502 241-9093 AREA CODE NUMBER	07 11 21 YEAR MO DAY		

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