



**MSD**

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

March 20, 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 – March 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 March 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 0307

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)

NAME LAKE FOREST MSD  
 ADDRESS LOUISVILLE/JEFF MSD  
 200 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)

KY00047263	001 2
PERMIT NUMBER	DISCHARGE NUMBER

WINDR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER

Form Approved  
 OMB No. 2040-0004

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2007	07	01		2007	07	01

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			
OXYGEN, DISSOLVED (DO) 00000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				8.7			MG/L	0	1/7	Grab
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				6.9		7.0	MG/L	0	1/7	Grab
SOLIDS, TOTAL SUSPENDED 00580 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15.05	20.85	( 26 )		5.25	6.0	MG/L	0	1/7	Comp
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	2.67	3.97	( 26 )		0.94	1.18	MG/L	0	1/7	Comp
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					3.60	3.95	MG/L	0	1/7	Comp
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.370	0.594	( 0.5 )				MG/L	0	1/7	Comp
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					<0.010	<0.010	MG/L	0	1/7	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Director  
H.J. Schardein

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

[Signature]

TELEPHONE

562 516-6600

DATE

07 04 18

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 40222  
 ATTN: H J SCHARDEIN JR, EXEC DIR

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

KY0042226  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

KTNDR  
 (SUPP 10)  
 F - FINAL  
 SANITARY WASTEWATER

Form Approved  
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

\*\*\* 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			
GENERAL 740BS 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT					1.32	3.0	1.15	0	1/7	Grab
	PERMIT REQUIREMENT					30DA GED	2 DA GED	100ML		WEEKLY	COMPL
BOD <sub>5</sub> CARBONABLES 05 DAY, 20C 800B2 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	5.73	8.34	1.20		2.0	2.0	1.15	0	1/7	Comp
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	1.00/DY		30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 502 546-6666	DATE 07 04 18
			AREA CODE NUMBER	YEAR MO DAY

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