

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



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

lakesempest Man

LOUDSVILLEZJEFF MSD

700 W LIPERTY ST

LOUISVILLE

NAME

ADDRESS

KY 40203

KY 40223

FACILITY LAKE FUREST MSD

LOCATION | DESTRUCT F

ATTN: H J SCHAPDEIN JR. EXEC DIR

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

TO

KY004 15126 PERMIT NUMBER

FROM

YEAR MO DAY

001 2

DISCHARGE NUMBER

YEAR MO DAY

MONITORING PERIOD

HENOR (SUER LV) F - FINAL

SANTTARY WASTEWATER

MMM NO DISCHARGE L I MMM

Form Approved.

OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER		1	TITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
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TYPED OR PRINTED  COMMENTS AND EXPLANATION OF A	Iama	tted is, to the best of my know ware that there are significant ing the possibility of fine and i	t penalties for submitting fal	SIGNATURE-OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			A NUMBE			IO DAY	

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

LAKE POREST MSD

ADDRESS LOUTSUILLEZIEFF MSU

700 W LIBERTY ST

A OUTSVILLE

KY 40203

FACILITY LAKE FUREST MSD

LOCATION | OUTSUILLE KY 40223

ATTN: H J SCHARDEIN JR, EXEC DIR

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

MONITORING PERIOD

TO

DAY

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**民学(30年**)公司公司 PERMIT NUMBER

MO...

YEAR

FROM

DISCHARGE NUMBER

DAY

YEAR MO

MINDR (SHEE) 1 U.S.

F - FINAL

SANTIMET WASTEWATER

\*\*\* RO DISCHARGE | \*\*\*

Form Approved.

OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

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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						TELEPHONE		D	ATE		
Exec. Director	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.							546-1			DH 18
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)