



MSD

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

May 22, 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 – April 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 April 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 0407

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)

Form Approved.
OMB No. 2040-0004

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 SCHARFEIN JR, EXEC DIR

KY0042226
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	04	01		07	04	30

*** 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)	*****	*****			8.2	*****	*****	(19)	0	1/2	Com
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	*****	*****			6.7	*****	6.9	(12)	0	1/2	Com
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	50		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	(25)		*****	13.0	17.0	(19)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	30	DAILY MX	60	MG/L	WEEKLY	DUMPLE
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	(25)		*****	0.84	1.12	(19)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	5	DAILY MX	10	MG/L	WEEKLY	DUMPLE
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	3.66	4.59	(19)	0	1/2	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	DUMPLE
FLOW THRU CONDUIT OR THRU TREATMENT PLANT	*****	*****	(03)		*****	*****	*****		0	1/2	Com
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTINUOUS	MONITOR
CHLORINE, TOTAL RESIDUAL	*****	*****			*****	<0.010	<0.010	(19)	0	1/2	Com
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.011	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H J Scharfein 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
502 241 9093 07 05 22
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)

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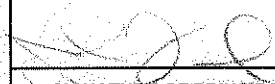
*** NO DISCHARGE ***

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.19	2.0	(10)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	100ML		WEEKLY	GRAB
COBALTIN, 4-NITROPHENOL 5 DAY, 20C	SAMPLE MEASUREMENT	9.36	17.85	(25)	*****	2.75	4.0	(10)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.2	75.4	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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H. J. Schardein
Exec Director
TYPED OR PRINTED

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