



**MSD**

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

April 22, 2008

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 2008**

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 2008.

If you have any questions concerning the attached DMRs, please contact me at (502) 239-7695.

Sincerely,

James E. Porter Jr.  
Process Supervisor Central Region

JEP/ Lake Forest 0308

Enclosures

cc: C. Roth (DOW Louisville)  
T. Singleton  
R. Shaw



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

NAME LAKE FOREST MSD  
ADDRESS C/O CEDAR CREEK STP  
8409 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY LAKE FOREST MSD  
LOCATION LOUISVILLE KY 40223  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0042226  
PERMIT NUMBER

0012  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	03	01		05	03	31

SANITARY WASTEWATER  
EFFLUENT

\*\*\* 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)		*****	*****		8.9	*****	*****	( 19 )		1/2	3/11
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRADE
PH		*****	*****		6.7	*****	*****	( 12 )		1/2	3/11
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRADE
SOLIDS, TOTAL SUSPENDED		50.72	96.17	( 26 )	*****	10.50	13.00	( 19 )		1/2	3/11
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL
NITROGEN, AMMONIA TOTAL (AS N)		4.76	7.47	( 26 )	*****	1.12	2.52	( 19 )		1/2	3/11
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	2.57	2.80	( 19 )		1/2	3/11
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.599	1.712	( 03 )	*****	*****	*****			1/1	3/11
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONT INCL	IN
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	( 19 )		1/2	3/11
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRADE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCARLETT, JR.  
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  
*James B. Bell*

TELEPHONE 502-544-6000  
DATE 03/01/05

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

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 C/O CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY LAKE FOREST MSD  
LOCATION LOUISVILLE KY 40223  
ATTN: DENNIS THOMASSEN, SR METRO OPS

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SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL		*****	*****		*****			( 13)			
74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					1.00	1.00			1/9	BEFORE
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML		WEEKLY	DRAIN
BOD, CARBONACEOUS 05 DAY, 20C				( 26)	*****			( 17)			
00082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	15.19	22.19		*****	3.50	4.00			1/9	COMB
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCARBURDIN JR  
EXECUTIVE 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.

*James E. Bostick*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
502 540-6000  
AREA CODE NUMBER  
DATE  
08 04 02  
YEAR MO DAY

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