

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



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

MONITORING PERIOD

то

YEAR

DAY

MININ

Form Approved. OMB No. 2040-0004

LAKE FOREST MSD

ADDRESS C/O CEDAR CREEK STP

SIAOS CEDAN CREEK RD

FY 40211 LOUISVILLE

FACILITY LAKE FOREST MSD

LOCATION CHINEVILLE KY 40223 ATTWO DEARLES THOMASSON, OR METRO OFS KY0042226 PERMIT NUMBER

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(SUBR LV) F - FINAL

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SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

ATTA: DENIS THOMASS		TRU Urb			NOTE: Head instructions beto					FREQUENCY	
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				EX	UF	TYPE
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EFFLUENT GROSS VALUE	and the first the second control of the seco			长安安县		30DA AVG	DAILY MX	MG/L			
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER I certif	y under penalty of law that	this document and all attac	nments were		•		TELEPHO	1E	D/	ATE .
H. J. SCHOLDSIN	prepare to assu submit or thos	ed under my direction or sur re that qualified personnel p ted. Based on my inquiry of e persons directly responsib	roperly gather and evaluate the person or persons who le for gathering the informa-	the information manage the syst ation, the informa-	em,	NA B (F		37,97			
TYPED OR PRINTED	submit I am av	fed is, to the best of my kno ware that there are significan ng the possibility of fine an	wledge and belief, true, ac at penalties for submitting t	curate, and comp false information	lete. / SIGNA	TURE OF PRINCIPAL ICER OR AUTHORIZE		NUMBE	K W	YEAR W	AD DAY

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

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

LAKE FOREST MSD

ADDRESS G / D CEDAR CREEK STP

MACS CEDAR CREEK BD

LOUISVILLE FACILITY LAKE FOREST MSD KY 40211

LOCATION, THITTELLIFE

KY 40223 STARTS TURBASCING SO METER PER NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

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MONITORING PERIOD

TO

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KY0042226 PERMIT NUMBER

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MINOR (SUBR LV) F - FINAL

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Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ! ! ***

NOTE: Read Instructions before completing this form.

ATTM: DENNIS THOMASSON, SR METRO OPS				NOTE: Read Instructions before completing this form.						
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF	SAMPLE
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NAME/TITLE PRINCIPAL EXECUTIVE 1. J. SCHOLUDBIN TYPED OR PRINTED	prepar to assi submi	fy under penalty of law that red under my direction or su ure that qualified personnel; letted, Based on my inquiry o se persons directly responsit tted is, to the best of my knoware that there are significating ing the possibility of fine ar	pervision in accordance with properly gather and evaluate of the person or persons who ale for eathering the informa-	h a system design the information manage the syst ation, the inform	em,	TURE OF PRINCIPAL SICER OR AUTHORIZE		Lan	J08 6	ATE DAY
COMMENTS AND EXPLANATION OF	ANY VIOLATION	S (Reference all att	achments here)				1 0052 1			