



MSD

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

August 27, 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 – July 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) and the Discharge Reports for the Lake Forest WTP (aka Chenoweth Run WTP), KPDES No.: KY0042226 for the month of July 2008. If you have any questions concerning the attached DMR's, please contact me at (502) 239-7695.

Sincerely,

James E. Porter Jr.
Process Supervisor Central Region

JEP/ Lake Forest 0708

Enclosures

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



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

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

AME LAKE FOREST MSD
 DDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 ACILITY LAKE FOREST MSD
 OCATION LOUISVILLE KY 40223
 ITTN: DENNIS THOMASSON; SR METRO OPS

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

KY0042226
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINDR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE [] ***

JEFFE

MONITORING PERIOD

FROM YEAR 08 MO 07 DAY 01 TO YEAR 08 MO 07 DAY 31

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			
00300 1 0 0 EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO)	*****	*****	*****	*****	8.1	*****	*****	(19)	0	1/7	2.00E
	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	INST MIN		WEEKLY	URAS
00400 1 0 0 EFFLUENT GROSS VALUE PH	*****	*****	*****	*****	6.6	*****	*****	(12)	0	1/7	3.00E
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	MINIMUM MAXIMUM		WEEKLY	URAS
00530 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	*****	*****	*****	(26)	*****	*****	*****	(19)	0	1/7	COMP
	PERMIT REQUIREMENT	118	236	*****	*****	30	50	30DA AVG DAILY MX		WEEKLY	COMPUS
00610 1 1 0 EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	(26)	*****	*****	*****	(19)	0	1/7	COMP
	PERMIT REQUIREMENT	7.84	15.7	*****	*****	2	4	30DA AVG DAILY MX		WEEKLY	COMPUS
00665 1 0 0 EFFLUENT GROSS VALUE PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	*****	*****	(19)	0	1/7	COMP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	30DA AVG DAILY MX		WEEKLY	COMPUS
00850 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR HRU TREATMENT PLANT	*****	*****	*****	(03)	*****	*****	*****	*****	0	9/10	9/10
	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		CONTINUOUS	IN
00600 1 0 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	*****	(19)	0	1/7	3.00E
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	30DA AVG DAILY MX		WEEKLY	URAS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHROEDER 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. PORTER JR
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502-540-6000		08	08	25
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)

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 THOMASSON, SR METRO OPS

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

KY0042226
PERMIT NUMBER
001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	07	01	08	07	31

FROM

TO

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 4055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.46	11.00	(13)		1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	# /		WEEKLY	GRAB
COD, CARBONACEOUS 15 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.96	9.97	(26)	*****	2.75	4.00	(17)		1/7	COMB
	PERMIT REQUIREMENT	37.2	78.4		*****	10	20			WEEKLY	COMB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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James E. Potts Jr
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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