



MSD

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

October 25, 2008

Ms. Vickie L. Prather
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 – September 2008**

Dear Ms. Prather:

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 September 2008.

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

Sincerely,

Kevin D. Ries
Process Supervisor Central Region

JEP/ Lake Forest 0908

Enclosures

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



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

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 THOMASSEN, SR METRO OPS

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

00042226

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MONITORING PERIOD

YEAR

MO

DAY

FROM

08

09

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TO

08

09

30

MINOR (SUBR LV)
F - FINAL JEFFE
SANITARY WASTEWATER EFFLUENT
*** NO DISCHARGE 1 ***
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8.4	*****	*****	(19)	Ø	6/10/2	GR
00360 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE					INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.8	(12)	Ø	6/10/2	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	7.0	BU		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	21	27	(26)	*****	8	10	(19)	Ø	6/10/2	CP
00530 1 0 0	PERMIT REQUIREMENT	118	236		*****	30	60	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	5	9	(26)	*****	1.9	3.5	(19)	Ø	6/10/2	CP
00610 1 1 0	PERMIT REQUIREMENT	7.84	15.7		*****	2	4	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	5.1	5.3	(19)	Ø	6/10/2	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.307	0.409	(03)	*****	*****	*****		Ø	CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	Ø	6/10/2	GR
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. Schardein
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

Kent D. Pies

TELEPHONE

562 540-6000

AREA CODE

NUMBER

DATE

08 10 24

YEAR

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DAY

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

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. 01149/080923-1000 This is a 4-part form. PAGE 1 OF 1

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(26)	*****	2	3 2	(13)	Ø	01/07	GR
	PERMIT REQUIREMENT	*****	*****		*****	200	400	#/ 100ML			
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	8	8	(19)	*****	3	3	(19)	Ø	01/07	CP
	PERMIT REQUIREMENT	39.2	78.4		*****	10	20	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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