

MSD

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

November 25, 2008

Ms. Carolena Bentley, DMR Coordinator
Kentucky Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort, Kentucky 40601

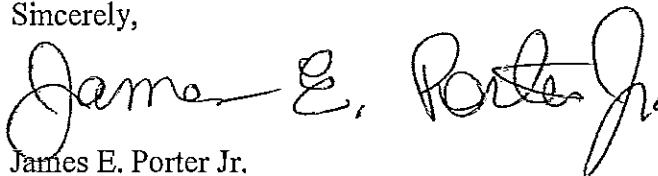
**Re: MSD Metro Operations
Lake Forest WTP (aka Chenoweth Run WTP)
KPDES No.: KY0042226
Discharge Monitoring Reports – October 2008**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) for the Lake Forest WTP (aka Chenoweth Run WTP), KPDES No.: KY0042226 for the month of October 2008. There are no Discharge Reports as there were no discharges for the month.

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 1008

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
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY LAKE FOREST MSD
LOCATION LOUISVILLE KY 40223
ATTN DENNIS THORASSON, SR METRO OPS

KY0042226
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1 1 ***

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	10	01	00	10	01

FROM

TO

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	*****	*****		6.8	*****	*****	(19)	0	1/9	COND
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	COND
EFFLUENT GROSS VALUE				****							
PH	SAMPLE MEASUREMENT	*****	*****		6.5	*****	6.2	(12)	0	1/9	COND
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	COND
EFFLUENT GROSS VALUE				****							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	18	21	(25)	*****	8	9	(19)	0	1/9	COND
00520 1 0 0	PERMIT REQUIREMENT	118	230		*****	30	50			WEEKLY	COND
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2	3	(25)	*****	0.8	1.1	(19)	0	1/9	COND
00610 1 1 0	PERMIT REQUIREMENT	7.84	15.7		*****	2	4			WEEKLY	COND
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	4.7	5	(19)	0	1/9	COND
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	COND
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.30	0.35	(33)	*****	*****	*****		0	9/11	C/N
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		UDUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/9	COND
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			WEEKLY	COND
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.				TELEPHONE		DATE			
H. J. SCHROEDER JR. EXECUTIVE DIRECTOR						505/510-6000		OR 11 25			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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 THOMASSEN, 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

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
2002	01	01		2002	01	01

FROM

TO

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE [] ***

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(15)		1/7	2000
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	%		WEEKLY	TERMS
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7	8	(26)	*****	3	3	(17)		1/7	2000
	PERMIT REQUIREMENT	39.2	75.4		*****	10	20			WEEKLY	COMPS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. SCHERWING JR.

5400THUS GIBBETOL

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.

TELEPHONE

502 540-6000

DATE

11 25

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Area Code NUMBER YEAR MO DAY

LAKE FOREST		Report for	Oct-08		Tot. Exc.=		0			
Tot. Flow=	9.337		Concentrations				Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos	
10/1/08	0.278									
10/2/08	0.283									
10/3/08	0.349									
10/4/08	0.28									
10/5/08	0.313									
10/6/08	0.303									
10/7/08	0.288	7	3	0.78	1	16.813	7.206	1.873	4.72	
10/8/08	0.349									
10/9/08	0.319	8	3	1.12	1	21.284	7.981	2.980	4.64	
10/10/08	0.302									
10/11/08	0.302									
10/12/08	0.315									
10/13/08	0.288									
10/14/08	0.304									
10/15/08	0.264	9	3	0.34	1	19.816	6.605	0.749	4.49	
10/16/08	0.296									
10/17/08	0.284									
10/18/08	0.284									
10/19/08	0.301									
10/20/08	0.3									
10/21/08	0.3									
10/22/08	0.295	6	3	0.95	1	14.762	7.381	2.337	5	
10/23/08	0.3									
10/24/08	0.324									
10/25/08	0.329									
10/26/08	0.3									
10/27/08	0.315									
10/28/08	0.313									
10/29/08	0.301									
10/30/08	0.285									
10/31/08	0.273									
Average	0.301	7.50	3.00	0.80	1.00	18.17	7.29	1.98	4.71	
Maximum	0.349	9.00	3.00	1.12	1.00	21.28	7.98	2.98	5.00	
Exceed.	31	0	0	0	0	0	0	0	0	