MSD

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

January 23, 2009

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 – December 2008

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Lake Forest WTP (aka Chenoweth Run WTP), KPDES No.: KY0042226 for the month of December 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

KDR/ Lake Forest 1208

Enclosures

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

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	12	01	TO	06	12	31

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

JEFF'S

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		9	******	******	(19)	Ø	01/07	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****** ****	7 INST MIN	******	******	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		6.7	******	6.7	(12)	Ø	01/07	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	21	31	(26)	******	7	11	(19)	Ø	01/07	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	118 30DA AVG	236 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	4.9	15.9	(26)	******	1	3	(19)	Ø	01/07	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	19.6 30DA AVG	39.2 DAILY MX	LBS/DY	******	5 30DA AVG	10 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	4.0	4.4	(19)	Ø	01/07	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****** ****	******	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.476	0.913	(03)	******	******	******		Ø	CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	****** ****		CONTINUOUS	CONTIN UOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	Ø	01/07	GR
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	****** ****	******	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
H.J. Schardein	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.	Ken D. Rue	502 540-6000		09	01	23
Exec. Director		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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	001 2
PERMIT NUMBER	DISCHARGE NUMBER

	MONITORING PERIOD						
	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

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

JEFFE

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	1	1	(13)	Ø	01/07	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*******	******	200 30DA GEO	400 7 DA GEO	#/100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	15.9	34.7	(26)	******	5	7	(19)	Ø	01/07	CP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	39.2 30DA AVG	78.4 DAILY MX	LBS/DY	******	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
H. J. Schardein Exec. Director	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]	502	540-6000	09	01	23
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)*

LAKE FOREST		Report for	Dec-08		Tot. Exc.=	1	Violation		
Tot. Flow=	13.205		Concentrations				Pounds		Conc.
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos
12/1/08	0.303								
12/2/08	0.272	4	3	0.45	1	9.074	6.805	1.021	4.15
12/3/08	0.299								
12/4/08	0.305								
12/5/08	0.361								
12/6/08	0.905								
12/7/08	0.592								
12/8/08	0.315	7	3	0.9	1	18.390	7.881	2.364	4.44
12/9/08	0.398								
12/10/08	0.393								
12/11/08	0.321								
12/12/08	0.313								
12/13/08	0.355								
12/14/08	0.329								
12/15/08	0.339	11	5	0.11	1	31.100	14.136	0.311	4.26
12/16/08	0.308								
12/17/08	0.305								
12/18/08	0.328								
12/19/08	0.41								
12/20/08	0.337								
12/21/08	0.913								
12/22/08	0.513								
12/23/08	0.339								
12/24/08	0.716								
12/25/08	0.898								
12/26/08	0.594	5	7	3.2	1	24.770	34.678	15.853	3.25
12/27/08	0.356								
12/28/08	0.377								
12/29/08	0.355								
12/30/08	0.329								
12/31/08	0.327								
Average	0.426	6.75	4.50	1.17	1.00	20.83	15.88	4.89	4.03
Maximum	0.913	11.00	7.00	3.20	1.00	31.10	34.68	15.85	4.44
Exceed.	31	0	0	0	0	0	0	1	0

LAKE FOREST KY003900‹ 001 1

Conc.
T Phos
C/O ERIC G. BRADY
700 W. LIBERTY STREET
LOUISVILLE KY 40203
SHADOW WOOD

0.15

ATTN: H. J. SCHARDI

		Quantity or Loading				Quality or C‹
		Average	Maximum	Units	Minimum	Average
	OXYGEN, DISSLOVEI (DO)	******	******	***	0.0	******
	00300 1 0 0	******	******	***	7	******
	EFFLUENT GROSS VALUE				INST MIN	
0.201	pH	******	******	***	0	******
	00400 1 0 0	******	******	***	6.0	******
	EFFLUENT GROSS VALUE				MINIMUM	
	SOLIDS, TOTAL SUSPENDED			(26)	******	
	00530 1 0 0	21.3	42.6	LBS/DY	******	30
0.193	EFFLUENT GROSS V30DA AVG		DAILY MX			30DA AVG
	NITROGEN, AMMONIA TOTAL (AS N)			(26)	******	
	00610 1 2 0	3.54	7.08	LBS/DY	******	5
	EFFLUENT GROSS V30DA AVG		DAILY MX			30DA AVG
	PHOSPHORUS, TOT/ (AS P)	******	******	***	******	0
0.385	00665 1 0 0	******	******	***	******	REPORT
	EFFLUENT GROSS VALUE					30DA AVG
	FLOW, IN CONDUIT OR THRU TREATMENT PLANT			(03)	******	******
	50050 1 0 0	REPORT	REPORT	MGD	******	******
0.23	EFFLUENT GROSS V30DA AVG		INST MAX			
0.39	COLIFORM, FECAL	******	******	***	******	
0	GENERAL					
	74055 1 0 0	******	******	***	******	200
	EFFLUENT GROSS VALUE					30DA GEO
	BOD, CARBONACEOUS 05 DAY, 20C			(26)	******	
	80082 1 0 0	7.1	14.2	LBS/DY	******	10
	EFFLUENT GROSS V30DA AVG		DAILY MX			30DA AVG

MINOR
(SUBR LV)
F - FINAL SHELB
SANITARY WASTEWATER
EFFLUENT

oncentration Maximum	Units	No. Ex.	Freq. Of Analysis	Sample Type
******	(19)	0	1/7	GRAB
******	MG/L		WEEKLY	GRAB
0	(12)	0	1/7	GRAB
9.0 MAXIMUM	SU		WEEKLY	GRAB
	(19)	0	1/7	COMPOS
60 DAILY MX	MG/L		WEEKLY	COMPOS
	(19)	0	1/7	COMPOS
10 DAILY MX	MG/L		WEEKLY	COMPOS
0	(19)	0	1/7	COMPOS
REPORT DAILY MX	MG/L		WEEKLY	COMPOS
******	***	0	C/N	C/N
******	***		CONTIN UOUS	CONTIN
	(13)	0	1/7	GRAB
400 7 DA GEO	# /100ml		WEEKLY	GRAB
	(19)	0	1/7	COMPOS
20 DAILY MX	MG/L		WEEKLY	COMPOS