MSD
Metropolitan Sewer District

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

June 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 – May 2009

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 May 2009.

If you have any questions concerning the attached DMR's, please contact me at (502) 239-7574.

Sincerely,

Duane V. Wright
Process Supervisor Central Region

DVW/ Lake Forest 0509

Enclosures

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location If Different)*

NAME LAKE FOREST MSD

ADDRESS C/O CEDAR CREEK STP
7615 CEDAR CREEK RD
LOUISVILLE KY 40291

FACILITY LAKE FOREST MSD

LOCATION LOUISVILLE KY 40223

LATIN LAKES INFORMATION SR METRO DPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

KY0042226 — PERMIT NUMBER

001 — DISCHARGE NUMBER

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

MONITORING PERIOD

FROM YEAR 09 MO 07 DAY 01 TO YEAR 09 MO 09 DAY 31

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	******	******		8	******	******		C	01/07	GR
00300 1 0 0	PERMIT REQUIREMENT	******	******	*****	7 INST MIN	******	******	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		6.6	******	6.9		0	01/07	GR
00400 1 0 0	PERMIT REQUIREMENT	******	******	*****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	25	46	(26)	******	9	12		0	01/07	CP
00530 1 0 0	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	3.67	5.5	(25)	******	1	2		0	01/07	CP
00610 1 0 0	PERMIT REQUIREMENT	7.84 30DA AVG	15.7 DAILY MX	LBS/DY	******	2 30DA AVG	4 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	4.9	5.6		0	01/07	CP
00665 1 0 0	PERMIT REQUIREMENT	******	******	*****	******	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.427	0.512	(03)	******	******	******		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	***** *****		CONTINUOUS	CONTIN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010		0	01/07	GR
50060 1 0 0	PERMIT REQUIREMENT	******	******	*****	******	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
H.J. RICHARDSON, JR.	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.					
EXECUTIVE DIRECTOR	Eugene Wright	502	540-6000	07	06	26
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)*

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location If Different)*

NAME: LAKE FOREST MSD

ADDRESS: C/O CEDAR CREEK STP
7405 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)

KY0041226 — PERMIT NUMBER

001 E — DISCHARGE NUMBER

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

Form 1

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	05	01	TO	07	05	31

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
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******	****	******	1	1	(13)	0	01/07	GR
	PERMIT REQUIREMENT	******	******	****	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY 20C 80082 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	12.2	19.3	(26)	******	4	5	(19)	0	01/07	CP
	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										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHRADIN, SR.

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	5401100	07	08	02

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

LAKE FOREST Report for **May-09** Tot. Exc.= 1

Tot. Flow= 13.249

Date	Flow	Concentrations TSS	BOD	NH3	Fecal	Pounds TSS	BOD	NH3	Conc. T Phos
5/1/09	0.479								
5/2/09	0.542								
5/3/09	0.494								
5/4/09	0.463	12	5	2.2	1	46.337	19.307	8.495	4.7
5/5/09	0.404								
5/6/09	0.454								
5/7/09	0.473								
5/8/09	0.572								
5/9/09	0.812								
5/10/09	0.657								
5/11/09	0.412								
5/12/09	0.376				1				
5/13/09	0.359	9	3	1.1		26.947	8.982	3.293	4
5/14/09	0.382								
5/15/09	0.386								
5/16/09	0.407								
5/17/09	0.491								
5/18/09	0.389								
5/19/09	0.357				1				
5/20/09	0.335	4	3	0.34		11.176	8.382	0.950	5.42
5/21/09	0.351								
5/22/09	0.346								
5/23/09	0.369								
5/24/09	0.357								
5/25/09	0.411								
5/26/09	0.356								
5/27/09	0.344	9		0.67	1	25.821		1.922	5.57
5/28/09	0.373								
5/29/09	0.367								
5/30/09	0.368								
5/31/09	0.363								
Average	0.427	8.50	3.67	1.08	1.00	27.57	12.22	3.67	4.92
Maximum	0.812	12.00	5.00	2.20	1.00	46.34	19.31	8.50	5.57