



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

July 23, 2009

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

**Re: MSD Metro Operations**  
**Lake Forest WTP (aka Chenoweth Run WTP)**  
**KPDES No.: KY0042226**  
**Discharge Monitoring Reports – June 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 June 2009.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Duane V. Wright", is written over a horizontal line.

Duane V. Wright  
Process Supervisor Central Region

DVW/ Lake Forest 0609

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  
0405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY LAKE FOREST MSD  
LOCATION LOUISVILLE KY 40223  
ATTN: DEANIS THOMASSEN SR METRO OPS

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

KY0042226			001 2				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	06	01		07	06	01

Form Approved.  
OMB No. 2040-0004

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

JEFFRE

NOTE: Read Instructions before completing this form.

PARAMETER	X	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	*****	*****	( 17 )	0	0/07	GR
00300 : 0 : 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.8	( 12 )	0	0/07	GR
00400 : 0 : 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	29	45	( 25 )	*****	9	12	( 17 )	0	0/07	CP
00500 : 0 : 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	118 30DA AVG	230 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPL
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2.39	3.4, DUW 2.36	( 25 )	*****	0.8	1	( 17 )	0	0/07	CP
00600 : 0 : 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.84 30DA AVG	15.7 DAILY MX	LBS/DY	*****	2 30DA AVG	4 DAILY MX	MG/L		WEEKLY	COMPL
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	4.7	5.2	( 17 )	0	0/07	CP
00665 : 0 : 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.404	0.559	( 03 )	*****	*****	*****		0	CN	CN
00050 : 0 : 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	IN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	LO.010	LO.010	( 17 )	0	0/07	GR
00060 : 0 : 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.017 DAILY MX	MG/L		WEEKLY	GRAB
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. SCHARDER, JR.  EXECUTIVE DIRECTOR TYPED OR PRINTED						302 542 6010		09	07	22	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				302 542 6010					

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)

PERMIT NUMBER KY0042225

DISCHARGE NUMBER 001 2

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	01

FROM

TO

MINOR  
(SUBR LV)  
F - FINAL  
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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	( 13 )	0	0/07	6R
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/ 30DA GED 7 DA GED 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 20062 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	9.7	11.3	( 26 )	*****	3	3	( 17 )	0	0/07	CP
	PERMIT REQUIREMENT	39.2	78.4		*****	10	20	30DA AVG DAILY MX MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE					
H.J. SCHWABER, JR.												
EXECUTIVE DIRECTOR					512 540 6000		09	17	23			
TYPED OR PRINTED					AREA CODE	NUMBER	YEAR	MO	DAY			

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

LAKE FOREST		Report for		Jun-09		Tot. Exc.=		0			
Tot. Flow=		12.113		Concentrations				Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos		
6/1/09	0.336	6	3	1.2	1	16.813	8.407	3.363	5.13		
6/2/09	0.338										
6/3/09	0.332										
6/4/09	0.36										
6/5/09	0.331										
6/6/09	0.356										
6/7/09	0.358										
6/8/09	0.317	9	3	0.84	1	23.794	7.931	2.221	5.21		
6/9/09	0.332										
6/10/09	0.461										
6/11/09	0.502										
6/12/09	0.559										
6/13/09	0.392										
6/14/09	0.42										
6/15/09	0.446	12	3	0.62	1	44.636	11.159	2.306	3.97		
6/16/09	0.45										
6/17/09	0.471										
6/18/09	0.47										
6/19/09	0.531										
6/20/09	0.436										
6/21/09	0.402										
6/22/09	0.45	8	3	0.45	1	30.024	11.259	1.689	4.54		
6/23/09	0.47										
6/24/09	0.35										
6/25/09	0.359										
6/26/09	0.417										
6/27/09	0.392										
6/28/09	0.383										
6/29/09	0.355										
6/30/09	0.337										
Average	0.404	8.75	3.00	0.78	1.00	28.82	9.69	2.39	4.71		
Maximum	0.559	12.00	3.00	1.20	1.00	44.64	11.26	3.36	5.21		
Exceed.	30	0	0	0	0	0	0	0	0		