



MSD

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

March 20, 2007

Ms. Kathy Thurman
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 – February 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Lake Forest WTP (aka Chenoweth Run WTP), KPDES No.: KY0042226 for the month of February 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JMK/ Lake Forest 0207

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

WINDOR
(SUD) 100
F - F (N)AL
SANT LARY, WASTEWATER
11111

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME LAKE FOREST MSD
ADDRESS 100 S WINDOR RD
200 W LIBERTY ST
LOUISVILLE KY 40203
FACILITY LAKE FOREST MSD
LOCATION LOUISVILLE KY 40203
ATTN: H. T. SCHAEFER, JR., EXEC DIR

PERMIT NUMBER 001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

*** NO DISCHARGE () ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DO					8.7				0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				INST MIN					WEEKLY	COMPL
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				6.3		6.9		0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM		MAXIMUM			WEEKLY	COMPL
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	31.33	31.29			7.75	10.0		0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/D		30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.47	8.31			1.19	1.74		0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/D		30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					3.73	4.61		0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.472	6.907						0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX							WEEKLY	COMPL
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					0.010	0.010		0	1/7	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.S. Schaefer Jr

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

TELEPHONE

AREA CODE

NUMBER

DATE

YEAR

MO

DAY

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

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

INDICATOR
(SUD) (V) (M)
FINAL
SOLID/LIQUID/WATER

FEED

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME LAKE FOREST MSD
ADDRESS LOUISVILLE/DEFF MSD
700 W LIBERTY ST
LOUISVILLE KY 40203
FACILITY LAKE FOREST MSD
LOCATION LOUISVILLE KY 40203
ATTN: H. J. SCHARDEIN JR, EXEC DIR

PERMIT NUMBER KY0000000000
DISCHARGE NUMBER 0012

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GENERAL WASTE WATER EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					1	1		0	1/7	6.2
	PERMIT REQUIREMENT					200	400			WEEKLY	GRAB
WASTE WATER EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	9.52	10.61			2.75	4.0		0	1/7	Comp
	PERMIT REQUIREMENT	30DA AVG	DAILY MX			10	20			WEEKLY	COMPOUND
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. Schardein Jr 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 	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			500	241-9093	07	03	20

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