



MSD

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

June 25, 2008

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 – May 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) and the Discharge Reports for the Lake Forest WTP (aka Chenoweth Run WTP), KPDES No.: KY0042226 for the month of May 2008. If you have any questions concerning the attached DMRs, please contact me at (502) 239-7695.

Sincerely,

James E. Porter Jr.
Process Supervisor Central Region

JEP/ Lake Forest 0508

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
 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)

KY0042224 PERMIT NUMBER
 0012 DISCHARGE NUMBER

MINOR (SUSR LV)
 F - FINAL JEFFE
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE ***

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

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (OD) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.3	*****	*****	(19)	Ø	1/7	3000
	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	INST MIN			WEEKLY GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.4	*****		(12)	Ø	1/7	3000
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	MINIMUM MAXIMUM			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED 00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	43.08	56.60	(26)	*****	14.25	26.00	(19)	Ø	1/7	3000
	PERMIT REQUIREMENT	118	236		*****	30	60				WEEKLY COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.53	5.56	(26)	*****	1.50	2.20	(19)	Ø	1/7	COMB
	PERMIT REQUIREMENT	7.84	15.7		*****	2	4				WEEKLY COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3.60	4.19	(19)	Ø	1/7	COMB
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT				WEEKLY COMPOS
		30DA AVG	DAILY MX	MG/L		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.419	0.705	(03)	*****	*****	*****		Ø	2/10	2/11
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****			CONTINUOUS
		30DA AVG	INST MAX	MGD		*****	*****	*****			UDUS
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	Ø	1/7	3000
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019				WEEKLY GRAB
		30DA AVG	DAILY MX	MG/L		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHARDSIN JR
 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.

James E. ...
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6011
 DATE 05 06 21
 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
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PARAMETER	X	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	*****	*****		*****	1.00	1.00	(15)	0	1/1	3000
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	17.78	26.77	(25)	*****	6.00	10.00	(15)	0	1/1	3000
	PERMIT REQUIREMENT	39.2	78.4	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPLIE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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James E. Roberts Jr.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000
 DATE 06 24

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