



MSD

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

February 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 – January 2008**

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 January 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 0108

Enclosures

cc: C. Roth (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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www.louisvillegreen.com*

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

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

KY0042226
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	01	01		00	01	01

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	00300 1 0 0	*****	*****		7.5	*****	*****	(17)	0	1/7	3000
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
PH	00400 1 0 0	*****	*****		6.4	*****	6.7	(12)	0	1/7	2400
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	50			
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	*****	*****	(26)	*****	6.00	10.00	(19)	0	1/7	3000
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	00510 1 2 0	*****	*****	(26)	*****	0.42	0.95	(19)	0	1/7	3000
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	3.14	4.21	(19)	0	1/7	3000
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050 1 0 0	*****	*****	(03)	*****	*****	*****	****	0	2/11	2/11
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****			
CHLORINE, TOTAL RESIDUAL	00060 1 0 0	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	3000
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L			
		30DA AVG	DAILY MX								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHMIDT 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. Burtch
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540-6000	08	2	25

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

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

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

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F - FINAL
SANITARY WASTEWATER
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*** NO DISCHARGE 1 1 ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	31

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			
COLIFORM, FECAL GENERAL		*****	*****		*****	1.00	1.00	(13)		47	2000
EFFLUENT GROSS VALUE		*****	*****	****	*****	200	400	*/		WEEKLY	GRADE
BOD, CARBONACEOUS 05 DAY, 20C		12.45	19.84	(26)	*****	3.00	3.00	(19)		47	COMB
EFFLUENT GROSS VALUE		39.2	78.4		*****	10	20			WEEKLY	LIMITS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			

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H.J. SCHARLOS, JR
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
James E. [Signature]

TELEPHONE
502-540-6000 OR
DATE
2 25

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