



MSD

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

October 24, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Lake of the Woods WTP; KPDES No.: KY0044342
Discharge Monitoring Reports –September 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Lake of the Woods WTP; KPDES No.: KY0044342 for the month of September 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter
Process Supervisor - Operations

JEP/Lake of the Woods 0907

Enclosures

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



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME LAKE OF THE WOODS SUBD MSD
 ADDRESS 6405 CEDAR CREEK RD.
 LOUISVILLE KY 40291

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

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

PERMIT NUMBER: KY0044342
 DISCHARGE NUMBER: 0012

FACILITY LAKE OF THE WOODS SUBD MSD
 LOCATION LOUISVILLE KY 40299
 ATTN: DEBBIE NEWTON

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE					7.4			MG/L		1/30	3000
	PERMIT REQUIREMENT				INST MIN					MONTH	
PH 00400 1 0 0 EFFLUENT GROSS VALUE					6.8	6.8		5U		1/30	3000
	PERMIT REQUIREMENT				MINIMUM	MAXIMUM				MONTH	
SOLIDS, TOTAL SUSPENDED 10530 1 0 0 EFFLUENT GROSS VALUE		0.85	0.85	LB/DY		6.00	6.00	MG/L		1/30	3000
	PERMIT REQUIREMENT	30DA AVG	DAILY MX			30DA AVG	DAILY MX			MONTH	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE		0.04	0.04	LB/DY		0.30	0.30	MG/L		1/30	3000
	PERMIT REQUIREMENT	30DA AVG	DAILY MX			30DA AVG	DAILY MX			MONTH	
PHOSPHORUS, TOTAL (AS P) 10665 1 0 0 EFFLUENT GROSS VALUE						2.60	2.60	MG/L		1/30	3000
	PERMIT REQUIREMENT					MD AVG	DAILY MX			MONTH	
FLOW, IN CUMDIT BY THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE		0.020	0.050	MGD						1/1ST	1/1ST
	PERMIT REQUIREMENT	30DA AVG	INST MAX							DAYS	
CALIFORNIA PICAL GENERAL 14055 1 0 0 EFFLUENT GROSS VALUE						1.00	1.00	100ML		1/30	3000
	PERMIT REQUIREMENT					30DA GEO	7 DA GEO			MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. SCHROEDER 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>James E. Potts</i>	TELEPHONE	DATE		
			AREA CODE	NUMBER	YEAR	MO

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

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

MINOR
(SUBR LV)
F - FINAL

JEFF

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

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

NAME LAKE OF THE WOODS SUBD MSD

ADDRESS 8408 CEDAR CREEK RD
LOUISVILLE KY 40291

KY00044342
PERMIT NUMBER

0012
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FACILITY LAKE OF THE WOODS SUBD MSD

LOCATION LOUISVILLE KY 40299

ATTN: DEBBIE NEWTON

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
500, CARBONACEOUS 05 DAY, 200 30082 1 0 0 EFFLUENT GROSS VALUE		0.57	0.57	LBS/DY	*****	4.00	4.00	MG/L		Yearly	Composite
		30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHEIDT 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. Porter
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000
DATE 07 10 22
AREA CODE NUMBER YEAR MO DAY

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