



MSD

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

September 25, 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 –August 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 August 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 0807

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 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

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

KY0044342
PERMIT NUMBER
001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
JEFFE

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	08	01		07	08	31

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.4	*****	*****	(19)	Ø	1/31	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8	(12)	Ø	1/31	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	(26)	*****	4.00	4.00	(19)	Ø	1/31	COMP
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	11.0	22.0	LBS/DY	*****	30	60	MG/L		ONCE/ MONTH	COMPOS
00500 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.12	0.12	(26)	*****	0.62	0.62	(19)	Ø	1/31	COMP
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	1.47	2.94	LBS/DY	*****	4	8	MG/L		ONCE/ MONTH	COMPOS
00610 1 1 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.04	2.04	(19)	Ø	1/31	COMP
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		ONCE/ MONTH	COMPOS
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		ONCE/ MONTH	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.020	0.077	(03)	*****	*****	*****	*****	Ø	INST	INST
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		WEEK- DAYS	INSTAN
00090 1 0 0	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	*****		WEEK- DAYS	INSTAN
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.00	1.00	(13)	Ø	1/31	GRAB
COLIFORM, FECAL GENERAL	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400 #/	7 DA GEO 100ML		ONCE/ MONTH	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GEO	7 DA GEO	100ML		ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											

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
James E. Brite Jr

TELEPHONE
502 510-6000
DATE
09 09 25
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 OF THE WOODS SUBD MSD
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

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

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PERMIT NUMBER	DISCHARGE NUMBER

MINDR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
JEFFE

FACILITY LAKE OF THE WOODS SUBD MSD
LOCATION LOUISVILLE KY 40297
ATTN: DEBBIE NEWTON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	31

*** NO DISCHARGE 1-1 ***
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			
BOD, CARBONACEOUS 5 DAY, 20C 00082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.80	0.80	(26)	*****	4.00	4.00	(19)	0	1/81	Comp
	PERMIT REQUIREMENT	11.0	22.0		*****	30	60			ONCE/	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
James E. Porter

TELEPHONE		DATE		
502 540-6000		07	09	25
AREA CODE	NUMBER	YEAR	MO	DAY

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