



MSD

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

November 26, 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 –October 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 October 2007.
If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter Jr.
Process Supervisor - Operations

JEP/Lake of the Woods 1007

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 NSD

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

Form Approved
OMB No. 2040-0004

JEFFERSON

FACILITY LAKE OF THE WOODS SUBD NSD

LOCATION LOUISVILLE KY 40297

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01	TO	07	10	31

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

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					
WYCKEN, DISSOLVED (CO)	MEASUREMENT	7.2			7.2			MG/L		1/31	GRAB		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				INST MIN			MG/L		MONTH			
WYCKEN, TOTAL	MEASUREMENT	6.8			6.8			MG/L		1/31	GRAB		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM	5.0	MAXIMUM	9.0		MONTH			
WYCKEN, TOTAL SUSPENDED	MEASUREMENT	1.45	1.45	(26)		6.00	6.00	MG/L		1/31	COMPL		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30	80	MG/L		MONTH			
WYCKEN, AMMONIA TOTAL (AS N)	MEASUREMENT	0.09	0.09	(26)		0.39	0.39	MG/L		1/31	COMPL		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH			
WYCKEN, TOTAL AMMONIUM (AS P)	MEASUREMENT	2.80	2.80	(19)		2.80	2.80	MG/L		1/31	COMPL		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					REPORT	REPORT	MG/L		MONTH			
WYCKEN, IR CONDUCT OR THRU TREATMENT PLANT	MEASUREMENT	0.042	0.285	(03)						INST	INST		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD						DAYS	INST		
WYCKEN, GENERAL	MEASUREMENT	1.00	1.00	(13)		1.00	1.00	MG/L		1/31	GRAB		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA GED	7 DA GED	100ML		MONTH			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.								TELEPHONE		DATE		
TYPED OR PRINTED									502-540-6000		07	11	21
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME LAKE OF THE WOODS SUBD MSD

ADDRESS 9405 CEDAR CREEK RD

LOUISVILLE

KY 40291

FACILITY LAKE OF THE WOODS SUBD MSD

LOCATION LOUISVILLE

KY 40291

FROM

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

KY0044342
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SANITARY WASTEWATER

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*** NO DISCHARGE [] ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01	TO	07	10	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			
TCO, CARBONACEOUS 55 DAY, 200 10582 1.0 0.0 EFFLUENT GROSS VALUE		0.97	0.97	(26)	*****	4.00	4.00	(19)		1/31	CONC
		PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	*****	30 30DA AVG	80 DAILY MX	MG/L		ONCE MONTH	CONC
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
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		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

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. B...
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT*

TELEPHONE
502 540 6000
DATE
11 21
AREA CODE NUMBER YEAR MO DAY

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