



MSD

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

February 22, 2007

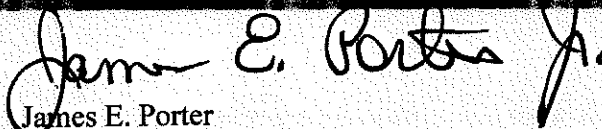
Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

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

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



James E. Porter
Process Supervisor - Operations

JEP/Lake of the Woods 0107

Enclosures

cc: M. Mudd (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 40299

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

KY0044342 001 2
 PERMIT NUMBER DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

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

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

*** NO DISCHARGE ***

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				
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		8.8	*****	*****	(19)	0	1/31	GRUBB	
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		1/31	GRAB	
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.7	(12)	0	1/31	GRUBB	
	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		1/31	GRAB	
SOLIDS, TOTAL SUSPENDED 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.54	3.04	(26)	*****	13.0	13.0	(19)	0	1/31	COMB	
	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30	50	MG/L		1/31	COMB	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.31	0.31	(26)	*****	1.34	1.34	(19)	0	1/31	COMB	
	PERMIT REQUIREMENT	3.67 30DA AVG	7.34 DAILY MX	LBS/DY	*****	10	20	MG/L		1/31	COMB	
PHOSPHORUS, TOTAL (AS P) 00660 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.89	1.89	(19)	0	1/31	COMB	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		1/31	COMB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.028	0.107	(03)	*****	*****	*****	*****	0	3/31	INST	
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		3/31	INST	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.00	1.00	(13)	0	1/31	GRUBB	
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	100ML		1/31	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. SCHMIDT JR BYEC 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. Rute Jr.			TELEPHONE 502 540-6000		DATE 7 2 16		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				AREA CODE		NUMBER		YEAR		MO DAY		

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME LAKE OF THE WOODS SUBD MSD
 ADDRESS 8405 CEDAR CREEK RD
 LOUISVILLE KY 40299

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

Form Approved
 1B No. 2040-01

KY0044342
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

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

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

*** NO DISCHARGE ***

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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			
BOD, CARBONACEOUS 5 DAY, 20C BOOD 1 C TO EFFLUENT GROSS VALUE		1.17	1.17	(26)	*****	5.00	5.00	(19)	0	1/31	comb
		11.0	22.0		*****	30	30				
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHROEDER JR
 BY: 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 Jr.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-545-6000
 DATE 7 2 16
 AREA CODE NUMBER YEAR MO DAY

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