

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

March 20, 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 – February 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 February 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 0207

Enclosures

cc:

M. Mudd (DOW Louisville)

P. Burgin

R. Shaw

E. G. Brady

T. Singleton





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

March 20, 2007

Mr. Mike Mudd Kentucky Division of Water 9116 Leesgate Rd. Louisville, Ky. 40222-5084

Re: MSD Metro Operations

Lake of the Woods WTP; KPDES No.: KY0044342 Discharge Monitoring Reports –February 2007

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P. Burgin

R. Shaw

E. G. Brady

T. Singleton

> Form Approved. OMB No. 2040-0004

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

LAKE OF THE WOODS SURD MSD

ADDRESS 8405 CEDAR CREEK RD

LOUISVILLE

RY 40291

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

KYOOAARAD PERMIT NUMBER

ooi P DISCHARGE NUMBER

MINITE (SUBR LV) F - FINAL

EFFLUENT

SANITARY WASTEWATER

SHEFFE

FACILITY LAKE OF THE WOODS SUED MED

LOCATION LOUISVILLE

KY 40277

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM TO 1/0 235

\*\*\* NO DISCHARGE ) | ### NOTE: Read Instructions before completing this form.

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<sub>7</sub>OF

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

OMB No. 2040-0004

NAME

TAKE OF THE WOODS SUED MED

ADDRESS M405 CEDAR CREEK RD LOWISVILLE

MY 40291

KYOOAADAD PERMIT NUMBER

1 1

DISCHARGE NUMBER

MINOR

(SUBR LV) F - FINAL

SANITARY WASTEWATER

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FACILITY LAKE OF THE WOODS SUED MED

LOCATION KY 40279 LOUISVILLE

MONITORING PERIOD DAY YEAR MO DAY YEAR MO 02 25 07 02 Oi

EFFLUENT ARR NO DISCHARGE | | REF NOTE: Read Instructions before completing this form.

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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.			on Am	OL E, (CATURE OF PRINCIPAL FICER OR AUTHORIZE	EXECUTIVE TO		6200	070	3 20 10 DAY		
TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations.				<u> </u>		100.	h				

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