



MSD

*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



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



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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
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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
 SANITARY WASTEWATER EFFLUENT

JEFFI

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

*** NO DISCHARGE ***
 NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.4	*****	*****	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		ONCE/MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.6	(12)	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	9.0	BU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00520 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.26	3.26	(26)	*****	23.00	23.00	(19)	0	1/31	COMP
	PERMIT REQUIREMENT	11.0 30 DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30 DA AVG	60 DAILY MX	MG/L		ONCE/MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.13	0.13	(26)	*****	0.95	0.95	(19)	0	1/31	COMP
	PERMIT REQUIREMENT	3.67 30 DA AVG	7.34 DAILY MX	LBS/DY	*****	10 30 DA AVG	20 DAILY MX	MG/L		ONCE/MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P) 00660 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.49	2.49	(19)	0	1/31	COMP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.026	0.101	(03)	*****	*****	*****		0	3/31	INST
	PERMIT REQUIREMENT	REPORT 30 DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		WEEK-DAYS	INSTAN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.00	1.00	(13)	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30 DA GEO	400 #/ 7 DA GEO	100ML		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHARDEIN JR
 EXEC 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. Burk Jr
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 518 6000
 DATE 07 03 20
 AREA CODE NUMBER YEAR MO DAY

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

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

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

NAME LAKE OF THE WOODS SUBD MSD
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

KY0044342
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL JEFFE
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	02	01		07	02	28

*** NO DISCHARGE 1 ***
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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 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.28	1.28	(28)	*****	9.00	9.00	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	11.0	22.0		*****	30	60			ONCE/MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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