



MSD

Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

April 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 – March 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 March 2007. There were two exceptions during the month of March for total solids, one for concentration the other for pounds. This was due to algae growth on the pond. Warm weather allowed for chemical treatment at a cost of \$1780.00. The chemical addition was successful and we will continue chemical addition as needed.

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 0307

Enclosures

cc: M. Mudd (DOW Louisville)  
P. Burgin  
R. Shaw  
E. G. Brady  
T. Singleton



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

MINOR  
(SUBR LV)  
F - FINAL

JEFFE

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read Instructions before completing this form.

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

NAME LAKE OF THE WOODS SUBD MSD  
ADDRESS B405 CEDAR CREEK RD  
LOUISVILLE KY 40291

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

KY0044342  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
07 03 01 TO 07 03 31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DD) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.6	*****	*****	( 19 )	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L		ONCE/MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.7	( 12 )	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	15.05	21.68	( 26 )	*****	44	52	( 19 )	2	1/31	COMB
	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE/MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.43	0.43	( 26 )	*****	1.85	1.85	( 19 )	0	1/31	COMB
	PERMIT REQUIREMENT	3.67 30DA AVG	7.34 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		ONCE/MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.59	2.90	( 19 )	0	1/31	COM
	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	0.030	0.073	( 03 )	*****	*****	*****		0	3/31	INST
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		WEEK-DAYS	INSTAN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	100	1.00	( 13 )	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GED	400 #/ 7 DA GED	100ML		ONCE/MONTH	GRAB
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		
H. J. SCHROEDER JR EXECUTIVE DIRECTOR TYPED OR PRINTED							502-540-6000		7 4 19		
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 8405 CEDAR CREEK RD  
LOUISVILLE KY 40291

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

KY0044342  
PERMIT NUMBER

001 2  
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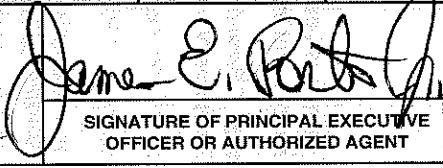
FACILITY LAKE OF THE WOODS SUBD MSD  
LOCATION LOUISVILLE KY 40297  
ATTN: DEBBIE NEWTON

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	03	01	07	03	31

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE \*\*\*  
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 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.34	2.34	( 26 )	*****	10.00	10.00	( 19 )	0	1/21	COMB
	PERMIT REQUIREMENT	11.0	22.0		*****	30	80			ONCE / MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. SCHWABEN 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 	TELEPHONE 502 540 6000 AREA CODE NUMBER	DATE 7 4 19 YEAR MO DAY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)