



MSD

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

October 16, 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 –July 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 July 2007. Attached is a copy of the revised DMR for July. I incorrectly entered a daily flow total causing incorrect monthly totals. 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 0707

Enclosures

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



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



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October 16, 2007

Mr. Charlie Roth
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 –July 2007**

Dear Mr. Roth

Attached is the Discharge Monitoring Reports (DMRs) for the Lake of the Woods WTP; KPDES No.: KY0044342 for the month of July 2007. Enclosed is a copy of the revised DMR for July. The flow totals were incorrect. I entered a daily flow incorrectly causing the incorrect totals. 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 0707

Enclosures

cc: K. Thurman (KDOW)
P. Burgin
R. Shaw
E. G. Brady
T. Singleton



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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)

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

JEFFE

KY0044342
 PERMIT NUMBER

0012
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

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

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)		*****	*****		8.0	*****	*****	(17)		1/31	COND
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	INST MIN	*****	*****	MG/L		MONTH	
PH		*****	*****		6.8	*****	*****	(12)		1/31	COND
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	MINIMUM	*****	*****	SU		MONTH	
SOLIDS, TOTAL SUSPENDED		1.47	2.30	(20)	*****	2.75	4.00	(15)		1/31	COND
00500 1 0 0 EFFLUENT GROSS VALUE		11.0	22.0		*****	30DA AVG	DAILY MX	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)		0.09	0.16	(20)	*****	0.16	0.28	(17)		1/31	COND
00600 1 1 0 EFFLUENT GROSS VALUE		1.47	2.94		*****	30DA AVG	DAILY MX	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	0.00	0.00	(17)		1/31	COND
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT	REPORT	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.015	0.029	(05)	*****	*****	*****	*****		1/31	COND
00850 1 0 0 EFFLUENT GROSS VALUE		0.091	5.152		*****	*****	*****	****		1/31	COND
GENERAL		REPORT	REPORT		*****	*****	*****	****		DAYS	
00955 1 0 0 EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD	*****	*****	*****	(10)		1/31	COND
01000 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	1.00	1.00	(10)		1/31	COND
01055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	30DA GEO	7 DA GEO	100ML		MONTH	

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

TELEPHONE 502 546-6000
 DATE 07 08 21
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME LAKE OF THE WOODS SUBD MSD
 ADDRESS 8435 CEDAR CREEK RD
 LOUISVILLE KY 40291

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

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 JEFFE

KY0044342	0012
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM TO

*** 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			
5 DAY CARBONACEOUS COD		1165	3.85	LBS/DY	*****	3.00	6.00	MG/L		1/31	COMB
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. SCHROEDER JR.
 EXECUTIVE DIRECTOR
 TYPED OR PRINTED

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James E. Burt
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	07	08	21
AREA CODE	NUMBER	YEAR	MO	DAY

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