



**MSD**

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

May 23, 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 –April 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 April 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 0407

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 40291

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

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE [ ] \*\*\*

JEFF

RY0044342  
 PERMIT NUMBER

001 E  
 DISCHARGE NUMBER

| MONITORING PERIOD |     |     |    |      |     |     |
|-------------------|-----|-----|----|------|-----|-----|
| YEAR              | MO. | DAY | TO | YEAR | MO. | DAY |
|                   |     |     |    |      |     |     |

FROM

TO

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)                   |   |                     |          |        | 7.4                      |          |          |       |        | 0                     | 1/31        | GRADE |
| EFFLUENT GROSS VALUE                     |   |                     |          |        | INST MIN                 |          |          | MG/L  |        |                       | MONTH       |       |
|  |   |                     |          |        | 6.5                      |          | 6.5      |       |        | 0                     | 1/31        | GRADE |
| EFFLUENT GROSS VALUE                     |   |                     |          |        | MINIMUM                  |          | MAXIMUM  | SU    |        |                       | MONTH       |       |
| SOLIDS, TOTAL SUSPENDED                  |   | 4.25                | 4.25     |        |                          | 3000     | 3000     |       |        | 0                     | 1/31        | GRADE |
| EFFLUENT GROSS VALUE                     |   | 30DA AVG            | DAILY MX | LBS/DY |                          | 30DA AVG | DAILY MX | MG/L  |        |                       | MONTH       |       |
| NITROGEN, AMMONIA TOTAL (AS N)           |   | 0.05                | 0.05     |        |                          | 0.34     | 0.34     |       |        | 0                     | 1/31        | COMB  |
| EFFLUENT GROSS VALUE                     |   | 30DA AVG            | DAILY MX | LBS/DY |                          | 30DA AVG | DAILY MX | MG/L  |        |                       | MONTH       |       |
| PHOSPHORUS, TOTAL (AS P)                 |   |                     |          |        |                          | 2.06     | 2.06     |       |        | 0                     | 1/31        | COMB  |
| EFFLUENT GROSS VALUE                     |   |                     |          |        |                          | REPORT   | REPORT   | MG/L  |        |                       | MONTH       |       |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT |   | 0.025               | 0.073    |        |                          |          |          |       |        | 0                     | INST        | INST  |
| EFFLUENT GROSS VALUE                     |   | 30DA AVG            | INST MAX | MGD    |                          |          |          |       |        |                       | DAYS        |       |
| GENERAL                                  |   |                     |          |        |                          | 1.00     | 1.00     |       |        | 0                     | 1/31        | GRADE |
| EFFLUENT GROSS VALUE                     |   |                     |          |        |                          | 30DA GED | 7 DA GED | 100ML |        |                       | MONTH       |       |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.J. SHARPSIN 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. Butler*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE |          | DATE |    |     |
|-----------|----------|------|----|-----|
| AREA CODE | NUMBER   | YEAR | MO | DAY |
| 502       | 546-6000 | 07   | 05 | 22  |

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 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  
 \*\*\* NO DISCHARGE \*\*\*  
 JEFFE

KY0044342  
 PERMIT NUMBER  
 001-2  
 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 |
|                   |     |     |    |      |     |     |

NOTE: Read Instructions before completing this form.

| PARAMETER  | SAMPLE MEASUREMENT | QUANTITY OR LOADING |          |        | QUALITY OR CONCENTRATION |          |          |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|----------|--------|--------------------------|----------|----------|-------|--------|-----------------------|-------------|
|  |                    | AVERAGE             | MAXIMUM  | UNITS  | MINIMUM                  | AVERAGE  | MAXIMUM  | UNITS |        |                       |             |
| BOD, CARBONACEOUS<br>5 DAY, 20C<br>80082 J C O<br>EFFLUENT GROSS VALUE | 0.85               | 0.85                |          | LBS/DY |                          | 6.00     | 6.00     | MG/L  |        | 1/31                  | COMB        |
|  | PERMIT REQUIREMENT | 30DA AVG            | DAILY MX |        |                          | 30DA AVG | DAILY MX |       |        | MONTH                 |             |
|  | SAMPLE MEASUREMENT |                     |          |        |                          |          |          |       |        |                       |             |
|  | PERMIT REQUIREMENT |                     |          |        |                          |          |          |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |          |        |                          |          |          |       |        |                       |             |
|  | PERMIT REQUIREMENT |                     |          |        |                          |          |          |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |          |        |                          |          |          |       |        |                       |             |
|  | PERMIT REQUIREMENT |                     |          |        |                          |          |          |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |          |        |                          |          |          |       |        |                       |             |
|  | PERMIT REQUIREMENT |                     |          |        |                          |          |          |       |        |                       |             |
|  | SAMPLE MEASUREMENT |                     |          |        |                          |          |          |       |        |                       |             |
|  | PERMIT REQUIREMENT |                     |          |        |                          |          |          |       |        |                       |             |

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*James E. Best*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 502-540-6000  
 DATE  
 07 25 06  
 AREA CODE NUMBER YEAR MO DAY

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