



MSD

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

August 22, 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.

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 0707

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

FACILITY LAKE OF THE WOODS SUBD MSD

LOCATION LOUISVILLE KY 40299

ATTN: DEBBIE NEWTON

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

WY0044342
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

JEFFE

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		8.0			(17)		1/21	3000
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN			MG/L		MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8			(12)		1/21	3000
PH	PERMIT REQUIREMENT	*****	*****	****	MINIMUM		MAXIMUM	SU		MONTH	
DO400 1 0 0	SAMPLE MEASUREMENT	*****	*****		5.0		9.0			1/21	3000
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****						MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.47	2.30	(20)		2.75	4.00	(19)		1/21	3000
DO500 1 0 0	PERMIT REQUIREMENT	11.0	22.0							MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	****						MONTH	
DO610 1 1 0	SAMPLE MEASUREMENT	0.09	0.16	(20)		0.16	0.28	(17)		1/21	3000
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47	2.74							MONTH	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****			0.00	0.00	(17)		1/21	3000
DO665 1 0 0	PERMIT REQUIREMENT	*****	*****	****		REPORT	REPORT			MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			MO AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****						MONTH	
DO050 1 0 0	SAMPLE MEASUREMENT	0.071	0.152	(03)				***		1/21	1/21
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT					***		DAYS	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****			1.00	1.00	(12)		1/21	3000
DO055 1 0 0	PERMIT REQUIREMENT	*****	*****	****		30DA GED	7 DA GED	100ML		MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****							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. ROSE JR.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000
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 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

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

KY0004-0342			001 2			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	22	TO	07	07	22

*** NO DISCHARGE [] ***

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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			
5 DAY, 20C COD, CARBONACEOUS EFFLUENT, GROSS VALUE		115	3.85	(20)	*****	3.00	6.00	(17)		1/31	COND
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
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TELEPHONE

502 546-6000

DATE

07 08 21

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

James E. Roberts

AREA CODE

NUMBER