



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)

August 27, 2008

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 2008**

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 2008.

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 0708

Enclosures

cc: C. Roth (DOW Louisville)  
R. Shaw  
T. Singleton



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

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

NAME LAKE OF THE WOODS SUBD MSD  
ADDRESS C/O CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY LAKE OF THE WOODS SUBD MSD  
LOCATION LOUISVILLE KY 40299  
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0044342  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MINOR  
(SUBV LV)  
F - FINAL

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
05	07	01	05	07	31

FROM

TO

SANITARY WASTEWATER  
EFFLUENT

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

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			
30300 1 0 0 OXYGEN, DISSOLVED (DO) EFFLUENT GROSS VALUE	7.0	*****	*****	( 19)	*****	*****	*****	*****	0	1/31	GRAB
30300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	*****	0	ONCE/MONTH	GRAB
30400 1 0 0 OXYGEN, DISSOLVED (DO) EFFLUENT GROSS VALUE	6.7	*****	*****	( 12)	*****	*****	*****	*****	0	1/31	GRAB
30400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	*****	0	ONCE/MONTH	GRAB
30530 1 0 0 SOLIDS, TOTAL SUSPENDED EFFLUENT GROSS VALUE	3.34	*****	*****	( 26)	*****	10.00	10.00	( 19)	0	1/31	COMPOS
30530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11.0	22.0	*****	*****	30	30	*****	0	ONCE/MONTH	COMPOS
30530 1 0 0 EFFLUENT GROSS VALUE	30DA AVG	DAILY MX	LBS/DY	*****	*****	30DA AVG	DAILY MX	MG/L	0	ONCE/MONTH	COMPOS
30610 1 1 0 NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT GROSS VALUE	0.04	*****	*****	( 26)	*****	0.14	0.14	( 19)	0	1/31	COMPOS
30610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47	2.94	*****	*****	4	8	*****	0	ONCE/MONTH	COMPOS
30610 1 1 0 EFFLUENT GROSS VALUE	30DA AVG	DAILY MX	LBS/DY	*****	*****	30DA AVG	DAILY MX	MG/L	0	ONCE/MONTH	COMPOS
30665 1 0 0 PHOSPHORUS, TOTAL (AS P) EFFLUENT GROSS VALUE	0.037	*****	*****	( 03)	*****	2.40	2.42	( 19)	0	1/31	COMPOS
30665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	*****	0	ONCE/MONTH	COMPOS
30665 1 0 0 EFFLUENT GROSS VALUE	0.037	*****	*****	*****	*****	MG AVG	DAILY MX	MG/L	0	ONCE/MONTH	COMPOS
30730 1 0 0 FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT GROSS VALUE	0.073	*****	*****	( 03)	*****	*****	*****	*****	0	INST	INST
30730 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****	0	WEEK-DAYS	INST
30730 1 0 0 EFFLUENT GROSS VALUE	30DA AVG	INST MAX	MGD	*****	*****	*****	*****	*****	0	WEEK-DAYS	INST
30955 1 0 0 COLIFORM, FECAL GENERAL EFFLUENT GROSS VALUE	1.00	*****	*****	( 13)	*****	1.00	1.00	( 13)	0	1/31	GRAB
30955 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400 #/	*****	0	ONCE/MONTH	GRAB
30955 1 0 0 EFFLUENT GROSS VALUE	30DA GEO	7 DA GEO	100ML	*****	*****	30DA GEO	7 DA GEO	100ML	0	ONCE/MONTH	GRAB

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

TELEPHONE  
DATE  
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)

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YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	07	31

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, 20C EFFLUENT GROSS VALUE		1.00	1.00	( 26 )	*****	3.00	3.00	( 19 )		1/31	COMB
		11.0	22.0		*****	30	60			ONCE/	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	

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H.J. SCHROEDER JR.  
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TYPED OR PRINTED

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

TELEPHONE  
302-410-6000  
AREA CODE NUMBER  
DATE  
08 08 25  
YEAR MO DAY

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