



**MSD**

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

May 21, 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 –April 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 April 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 0408

Enclosures

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



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

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

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

Form Approved.  
OMB No. 2040-0004

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 THOMASSEN, SR METRO DPS

KY0044342  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

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			
OXYGEN, DISSOLVED (DO)		*****	*****		7.1	*****	*****	( 19 )		1/30	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		1/30	GRAB
PH		*****	*****		6.7	*****	7.7	( 12 )		1/30	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU		1/30	GRAB
SOLIDS, TOTAL SUSPENDED		4.88	6.61	( 26 )	*****	10.50	12.00	( 19 )		1/30	COMPL
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		1/30	COMPL
NITROGEN, AMMONIA TOTAL (AS N)		1.74	2.10	( 26 )	*****	4.26	6.00	( 19 )		1/30	COMPL
00600 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.67 30DA AVG	7.34 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		1/30	COMPL
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	2.87	4.44	( 19 )		1/30	COMPL
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		1/30	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.061	0.096	( 03 )	*****	*****	*****			1/30	INST
00950 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		1/30	INST
COLIFORM, FECAL GENERAL		*****	*****		*****	1.00	1.00	( 13 )		1/30	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEG	400 #/ 7 DA GEG	100ML		1/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHROEDER JR  
BASENATIVE 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. P... Jr.*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6001  
DATE 08 05 20  
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 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

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS 5 DAY, 20C 80062 1 0 0 EFFLUENT GROSS VALUE		2.08	2.75	( 26 ) LBS/DY	*****	4.50	5.00	( 19 ) MG/L		1/30	COMB
		11.0	22.0		*****	30	60			ONCE / MONTH	COMPOS
		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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 H. J. SHEDDEN JR.  
 EXECUTIVE DIRECTOR  
 TYPED OR PRINTED

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

TELEPHONE 502-545-6000  
 DATE 08 05 20  
 AREA CODE NUMBER YEAR MO DAY

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