



MSD

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

July 24, 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 --June 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 June 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 0608

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)
 NAME LAKE OF THE WOODS SUBD MSD

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

Form Approved.
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK STP
 9405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY LAKE OF THE WOODS SUBD MSD
 LOCATION LOUISVILLE KY 40299
 ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0044342
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01		05	05	30

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) 00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****		7.0	*****	*****	(19)		1/20	3.00
	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		6.7	*****	6.7	(12)		1/20	3.00
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	50		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE		3.53	3.53	(26)	*****	9.00	9.00	(19)		1/20	3.00
	PERMIT REQUIREMENT	11.0	22.0	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		ONCE / MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE		0.59	0.59	(26)	*****	1.50	1.50	(19)		1/20	3.00
	PERMIT REQUIREMENT	1.47	2.94	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		ONCE / MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	1.94	1.94	(19)		1/20	3.00
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE		0.027	0.060	(03)	*****	*****	*****	*****		1/20	1/20
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		WEEK - INSTAN	INSTAN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	1.00	1.00	(13)		1/20	3.00
	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GEO	7 DA GEO	100ML		ONCE / MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHARDSIN JR.
 BY SUBSIVE 1/10/05
 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 P. Bush
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 502-540-6000
 DATE
 08 07 22
 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)

MINOR
(SUBR LV)
F - FINAL

JEFF

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

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

NAME LAKE OF THE WOODS SUBD MSD
ADDRESS C/O CEDAR CREEK STP
840S CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY LAKE OF THE WOODS SUBD MSD
LOCATION LOUISVILLE KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0044342
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01		05	05	30

FROM

TO

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS 05 DAY, 20C BODB2 1 0 0 EFFLUENT GROSS VALUE		1.18	1.18	(25)	*****	3.00	3.00	(19)	0	1/20	CONT
		11.0	22.0		*****	30	60			ONCE /	CONT
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHILDGIN 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
502-540-6000
DATE
07 07 02

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