



**MSD**

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

September 24, 2008

Ms. Vickie L. Prather  
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 –August 2008**

Dear Ms. Prather:

Attached is the Discharge Monitoring Reports (DMRs) for the Lake of the Woods WTP; KPDES No.: KY0044342 for the month of August 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 0808

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

ADDRESS C/O CEDAR CREEK STP

2405 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

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE 1 1 \*\*\*

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	08	01				

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)	SAMPLE MEASUREMENT	*****	*****		7.8	*****	*****	( 19 )		1/20	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		1/20	GRAB
EFFLUENT GROSS VALUE										MONTH	
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	*****	( 12 )		1/20	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	5.0	*****	9.0	5U		1/20	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM			MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.30	0.30	( 26 )	*****	2.00	2.00	( 19 )		1/20	COMP
00530 1 0 0	PERMIT REQUIREMENT	11.0	22.0	*****	*****	30	60	MG/L		1/20	COMP
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX			MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.04	0.04	( 26 )	*****	0.28	0.28	( 19 )		1/20	COMP
00610 1 0 0	PERMIT REQUIREMENT	1.47	2.94	*****	*****	4	8	MG/L		1/20	COMP
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX			MONTH	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.00	2.00	( 19 )		1/20	COMP
00645 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		1/20	COMP
EFFLUENT GROSS VALUE						MO AVG	DAILY MX			MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.028	0.055	( 02 )	*****	*****	*****			1/20	INST
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	MGD		WEEK - INSTAN	
EFFLUENT GROSS VALUE		30DA AVG	INST MAX							DAYS	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	14.00	14.00	( 13 )		1/20	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400 #/	100ML		1/20	GRAB
EFFLUENT GROSS VALUE						30DA GEO	7 DA GEO			MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHARDEIN SR  
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.

Signature of Principal Executive Officer or Authorized Agent  
Dennis E. Thomasson

TELEPHONE: 502.544.6000  
DATE: 08 09 25  
AREA CODE: 502 NUMBER: 544-6000 YEAR: 08 MO: 09 DAY: 25

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

6405 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)

KY0004434E

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	08	01		08	08	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.45	0.45	( 26)	*****	3.00	3.00	( 19)		1/30	Comp
	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE/ MONTH	COMPLIANCE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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H. J. SCHROEDER JR.  
EXECUTIVE DIRECTOR  
TYPED OR PRINTED

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James E. Port...  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502.540.6000  
DATE 08 09 25  
AREA CODE NUMBER YEAR MO DAY

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