



MSD

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

November 25, 2008

Ms. Carolena Bentley, DMR Coordinator
Kentucky Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Lake of the Woods WTP; KPDES No.: KY0044342
Discharge Monitoring Reports –October 2008**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) for the Lake of the Woods WTP; KPDES No.: KY0044342 for the month of October 2008.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter Jr.
Process Supervisor Central Region

JEP/Lake of the Woods 1008

Enclosures

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



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

NAME LAKE OF THE WOODS SUBD MSD

MINOR (SUBR L)

ADDRESS C/O CEDAR CREEK STP
8408 CEDAR CREEK RD
LOUISVILLE KY 40211

PERMIT NUMBER KY0044342

DISCHARGE NUMBER 001 2

FACILITY LAKE OF THE WOODS SUBD MSD

F - FINAL

SANITARY WASTEWATER EFFLUENT

LOCATION LOUISVILLE KY 40299

MONITORING PERIOD					
YEAR	MO.	DAY	YEAR	MO.	DAY
00	00	01	00	00	01

ATTN: DENNIS THOMASSEN, SR METRO OPS

*** NO DISCHARGE 1 1 ***

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			
OXYGEN, DISSOLVED (DO)		*****	*****		7.4	*****	*****	(19)		1/31	COND
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	INST MIN	*****	*****	MG/L		1/31	COND
PH		*****	*****		6.8	*****	6.8	(12)		1/31	COND
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.0	*****	7.0	SV		1/31	COND
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	MINIMUM	*****	MAXIMUM	MG/L		1/31	COND
SOLIDS, TOTAL SUSPENDED		0.40	0.40	(26)	*****	3	3	(19)		1/31	COND
00500 1 0 0 EFFLUENT GROSS VALUE		11.0	22.0		*****	30	50	MG/L		1/31	COND
00500 1 0 0 EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		1/31	COND
NITROGEN, AMMONIA TOTAL (AS N)		0.01	0.01	(26)	*****	.06	.06	(19)		1/31	COND
00610 1 1 0 EFFLUENT GROSS VALUE		1.47	2.94		*****	4	8	MG/L		1/31	COND
00610 1 1 0 EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		1/31	COND
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	3	3	(19)		1/31	COND
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	REPORT	REPORT	MG/L		1/31	COND
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	MO AVG	DAILY MX	MG/L		1/31	COND
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.021	0.038	(03)	*****	*****	*****			INST	INST
50050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT		*****	*****	*****	MGD		INST	INST
50050 1 0 0 EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD	*****	*****	*****	MGD		DAYS	DAYS
COLIFORM, FECAL GENERAL		*****	*****		*****	1	1	(12)		1/31	COND
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	1	1	MG/100ML		1/31	COND
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	30DA GED	7 DA GED	100ML		1/31	COND

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J. SCHARLOEIN 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>James E. Porter Jr.</i>	TELEPHONE		DATE		
			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

6405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY LAKE OF THE WOODS SUBD MSD

LOCATION LOUISVILLE

KY 40299

ATTN: DENNIS THOMASSON, SR METRO OPB

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

KY004434E

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
00	10	01		00	10	01

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 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE		0.40	0.40	(26) LBS/DY	*****	3	3	(17) MG/L	0	1/31	cont
		11.0 30DA AVG	22.0 DAILY MX		*****	30 30DA AVG	60 DAILY MX			ONCE / MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. SWORDEN 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.

Jama E. [Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

502 540-6000

DATE

08 11 25

AREA CODE NUMBER YEAR MO DAY

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

