



MSD

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

December 18, 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 –November 2008**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Lake of the Woods WTP; KPDES No.: KY0044342 for the month of November 2008.

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

Sincerely,

Kevin D. Ries
Process Supervisor Central Region

KDR/Lake of the Woods 1108

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

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

(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE () ***

NOTE: Read Instructions before completing this form.

JEFFS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
82	11	01		82	11	01

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 (OD)	00300 1 0 0	*****	*****		7	*****	*****	(19)		01/30	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		JUNE/	GRAB
PH	00400 1 0 0	*****	*****		6.6	*****	6.7	(12)		01/30	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	7.0	MINIMUM		JUNE/	GRAB
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	0.9	0.9	(26)	*****	4	4	(19)		01/30	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11.0	22.0		*****	30	50	MG/L		JUNE/	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	0.2	0.2	(26)	*****	0.7	0.7	(19)		01/30	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.67	7.34		*****	10	20	MG/L		JUNE/	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	3	3	(19)		01/30	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		JUNE/	COMPOS
		*****	*****	****	*****	MO AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 0	0.027	0.057	(03)	*****	*****	*****			01/30	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	MGD		WEEK -	INST
		30DA AVG	INST MAX	MGD		*****	*****	*****		DAYS	
COLIFORM, FECAL GENERAL	74055 1 0 0	*****	*****		*****	1	1	(12)		01/30	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		JUNE/	GRAB
		*****	*****	****	*****	30DA GED	7 DA GED	100ML		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. Schaefer
Exec. 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
H. J. Schaefer

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY
512 546-6000 08 17 72

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
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MINOR
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F - FINAL
SANITARY WASTEWATER
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JEFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	11	01	00	11	01

FROM TO

*** 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			
BOD, CARBONACEOUS 05 DAY, 20C R0062 : 0 0 EFFLUENT GROSS VALUE	0.7	0.7	(26)	*****	3	3	(19)			01/30	CP
	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE / MONTH	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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H.J. Scharlein
Exec. Director
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Kent D. Fies

TELEPHONE: 502 546-6000
DATE: 08 12 22
AREA CODE: 502 NUMBER: 546-6000 YEAR: 08 MO: 12 DAY: 22

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

