



MSD

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

April 22, 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 –March 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 March 2008. There were two violations for the month. One was for 30 day average for TSS loading and the other was 30 day average for ammonia loading. This was a direct result of rainfall in excess of 3 inches from 3/3 to 3/4/08.

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 0308

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)

MINOR
(SUBR LV)
F - FINAL

JEFFE

ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE

KY0044342
PERMIT NUMBER

001 2
DISCHARGE NUMBER

KY 40211

FACILITY LAKE OF THE WOODS SUBD MSD

LOCATION LOUISVILLE KY 40277

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

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)		*****	*****		7.2	*****	*****	(19)		1/21 2008	UNCEA
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		MONTH	
EFFLUENT GROSS VALUE		*****	*****		6.6	*****	*****	(12)		1/21 2008	UNCEA
PH		*****	*****		6.50	*****	9.0	EU		MONTH	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM			MONTH	
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(19)		1/21 2008	UNCEA
SOLIDS, TOTAL SUSPENDED		15.6	15.6	(26)	*****	16.00	16.00	MG/L		MONTH	
00530 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX			MONTH	
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(19)		1/21 2008	UNCEA
NITROGEN, AMMONIA TOTAL (AS N)		5.57	5.57	(26)	*****	5.71	5.71	MG/L		MONTH	
00610 1 2 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX			MONTH	
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(19)		1/21 2008	UNCEA
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	1.73	1.73	MG/L		MONTH	
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			MONTH	
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(05)		WEEK	INST
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.096	0.150		*****	*****	*****	MGD		DAYS	
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			MONTH	
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	(13)		1/21 2008	UNCEA
COLIFORM, FECAL GENERAL		*****	*****		*****	1.00	1.00	100ML		MONTH	
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED			MONTH	
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****			MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHEIDT 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. Ruff
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
DATE
AREA CODE NUMBER YEAR MO DAY

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

ISS ONE AMMONIA LOADING VIOLATION SEE ATTACHED LETTER.

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
 8405 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

0012
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

SANITARY WASTEWATER
 EFFLUENT

*** 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			
BOD, CARBONACEOUS 05 DAY, 20C MODEZ I C C EFFLUENT GROSS VALUE		5.85 11.0	5.85 22.0	(26) LBS/DY	***** *****	6.00 30DA AVG	6.00 DAILY MX	(19) MG/L	1	Yearly ONCE MONTH	COND
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 DATE
 AREA CODE NUMBER YEAR MO DAY
 502 540 6000 08 03 31

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