



**MSD**

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

February 25, 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 –February 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 February 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 2/4 to 2/7/08. 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 0208

Enclosures

cc: C. Roth (DOW Louisville)  
P. Burgin  
R. Shaw  
E. G. Brady  
T. Singleton



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

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

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

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE ( ) \*\*\*

JEFFE

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

KY0044342  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	27

FROM

TO

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	*****	*****		7.9	*****	*****	( 17 )	0	1/29	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		MONTH	
PH	00400 1 0 0	*****	*****		6.8	*****	*****	( 12 )	0	1/29	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	19.3	19.3	( LB )	*****	20.00	20.00	( 19 )	1	1/29	COMPS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	5.8	5.8	( LB )	*****	6.00	6.00	( 19 )	1	1/29	COMPS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	REPORT	REPORT	( 19 )	0	1/29	COMPS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	MO AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050 1 0 0	0.077	0.154	( CFS )	*****	*****	*****		0	INST	INST
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		WEEK	INST
COLIFORM, FECAL GENERAL	74055 1 0 0	*****	*****		*****	1.00	1.00	( 10 )	0	1/29	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30DA GEO	7 DA GEO	100ML		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHARDSIN 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. Rife Jr*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000  
DATE 08 02 24  
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  
2405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY LAKE OF THE WOODS SUBD MSD  
LOCATION LOUISVILLE KY 40277  
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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01		08	02	27

SANITARY WASTEWATER  
EFFLUENT

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

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 55 DAY, 20C 80352 1 0 0 EFFLUENT GROSS VALUE		8.71	8.71	( 26 )	*****	9.00	9.00	( 19 )		1/29	COMPOS
		11.0	22.0		*****	30	60			MONTH	
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHAUBS JR  
EXECUTIVE DIRECTOR  
TYPED OR PRINTED

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

TELEPHONE  
502 540 6000  
DATE  
08 03 24  
AREA CODE NUMBER YEAR MO DAY

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