



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

May 22, 2009

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

**Re: MSD Metro Operations**  
**Lake of the Woods WTP; KPDES No.: KY0044342**  
**Discharge Monitoring Reports –April 2009**

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 April 2009.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7574.

Sincerely,

A handwritten signature in black ink, appearing to read "Duane V. Wright", is written over a horizontal line.

Duane V. Wright  
Process Supervisor Central Region

DVW/Lake of the Woods 0409

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 NAME OF THE WOODS SUBD MSD

ADDRESS 670 CEDAR CREEK ST

6005 CEDAR CREEK RD

LOUISVILLE KY 40211

FACILITY NAME OF THE WOODS SUBD MSD

LOCATION LOUISVILLE KY 40299

ATTN DENNIS THOMASSON, SR METRO DPE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

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

Form Approved.  
OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DISSOLVED OXYGEN (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****			1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		MONTH	
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.7			1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0 MINIMUM	*****	7.0 MAXIMUM	DU		MONTH	
SOLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	2.2	7.2	(25)	*****	14	14			1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2.59	2.59	(25)	*****	5	5			1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.2	2.2			1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		MONTH	
FLOW TO CONDUIT BY THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.047	0.136	(55)	*****	*****	*****			1/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	MGD		DAYS	
CULIFORM FEED	SAMPLE MEASUREMENT	*****	*****		*****	1	1			1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30DA GEC	7 DA GEC	100ML		MONTH	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

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

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

NAME LAKE OF THE WOODS BUDD MSD

ADDRESS 670 CEDAR CREEK ST

1105 CEDAR CREEK RD

LOUISVILLE KY 40211

FACILITY LAKE OF THE WOODS BUDD MSD

LOCATION LOUISVILLE KY 40299

ATTN: DENNIS THOMASSEN, OR METRO OPS

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

PERMIT NUMBER K00044382

DISCHARGE NUMBER 001

MINOR

15000 LVI

F - FINAL

SANITARY WASTEWATER

EFFLUENT

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

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	3.1	3.1	(25)	*****	6	6	(17)		1/3	10
5 DAY, 20C	PERMIT REQUIREMENT	11.0	22.0		*****	30	30			MONTH	
WOBOD											
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

A.J. SCHAROBIN 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.

TELEPHONE

501-6101

DATE

09 05 21

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

