

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

April 16, 2009

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

Re: M

MSD Metro Operations

Lake of the Woods WTP; KPDES No.: KY0044342

Discharge Monitoring Reports - March 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 March 2009.

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 0309

Kevis D. fiss

Enclosures

cc:

C. Roth (DOW Louisville)

R. Shaw

T. Singleton



LAKE OF THE WOODS SUBD MSD

ADDRESS C/O CEDAR CREEK STP

FACILITY

6405 CEDAR CREEK RD

LOUISVILLE MY ACRIL LAKE OF THE WOURS SUBD MSD

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

DAY

بالد المسا

MONITORING PERIOD

TO

KY0044342 PERMIT NUMBER

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YEAR

FROM

001 3 DISCHARGE NUMBER

DAY

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YEAR MO

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MINOR (SUBS LV) F - FINAL

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norm approved.

OMB No. 2040-0004

SANITARY WASTEWATER

SFELUENT

*** NO DISCHARGE | | ***

PARAMETER		QUAN	TITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMIFLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MUMIXAM	UNITS	EX	ANALYSIS	TYPE
	AMPLE SUREMENT	各本本本本·	经营业条件		7-	李春春春春春	安全公司公司	(19)	Ø	01/31	GR
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME

LAKE OF THE WOODS SUPD MED

ADDRESS C/G CEDAR CREEK STP BAGS CEDAR CREEK RD

LOUISVILLE FACILITY

KY 40211

LAKE OF THE WOODS SUBD MSD LOCATION LOUISVILLE

MY 40299

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

MY0044342 PERMIT NUMBER

COLE DISCHARGE NUMBER

DAY

MINOR (SUBR LV) F - FINAL

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Form Approved.

OMB No. 2040-0004

MONITORING PERIOD YEAR MO DAY YEAR MO · FROM

EFFLUENT *** NO DISCHARGE (

SANITARY WASTEWATER

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE
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	PERMIT REQUIREMENT			-							
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ME/TITLE PRINCIPAL EXECUTIVE	OFFICER certify t	inder penalty of law that this	document and all attachmen	1ts were					_		
1. 3. Sector Sector Tr to assure the		nder my direction or supervision in accordance with a system designed nat qualified personnel properly gather and evaluate the information Based on my inquiry of the person or persons who manage the system,						TELEPHONE		DATE	
· · · · · · · · · · · · · · · · · · ·	submittee or those p		person or persons who mans	age the system,	I Ke.	Kees D. Vis			ľ		
I am awar		the new best of my knowledge and belief, true, accurate, and complete, ee that there are significant penalties for submitting false information,			SIGNATURE OF PRINCIPAL EXECUTIV			TO21 546-61	000	9 4	The group of
					OFFIC	OFFICER OR AUTHORIZED AGENT				YEAR MO	

Lake of the Y	Woods 0.880	Report for	Mar-09	4:	Tot. Exc.=	0			
Date	Flow	TSS	Concenti BOD		. .		Pounds		
3/1/09	0.046		טטט	инз	Fecal	TSS	BOD	NH3	Tot. Phos.
3/2/09	0.033					÷			
3/3/09	0.027								
3/4/09	0.021								
3/5/09	0.02								
3/6/09	0.036								
3/7/09	0.032								
3/8/09	0.033								
3/9/09	0.029								
3/10/09	0.027								
3/11/09	0.027								
3/12/09	0.022								
3/13/09	0.019								
3/14/09	0.023								
3/15/09	0.025								
3/16/09	0.028	28	9	7.3	1	6.539	2.102	1.705	2.45
3/17/09	0.021				•	0.000	2.102	1.703	2.15
3/18/09	0.02								
3/19/09	0.025								
3/20/09	0.021								
3/21/09	0.019								
3/22/09	0.021								
3/23/09	0.019								
3/24/09	0.017								
3/25/09	0.038								
3/26/09	0.045								
3/27/09	0.034								
3/28/09	0.031								
3/29/09	0.052								
3/30/09	0.038								
3/31/09	0.031								
Average	0.028	28.00	9.00	7.30	1.00	6.54	2.10	1.70	2.15
Maximum	0.052	28.00	9.00	7.30	1.00	6.54	2.10	1.70	2.15
Exceed.	3	0	0	0	0 .	0	0	0	

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