



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

June 23, 2009

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 –May 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 May 2009.

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

Sincerely,

Duane V. Wright
Process Supervisor Central Region

DVW/Lake of the Woods 0509

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)

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

MINOR
(SUBR. LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

NETPPE

NAME LAKE OF THE WOODS SUBD MSD
ADDRESS 670 CEDAR CREEK STP
6475 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY LAKE OF THE WOODS SUBD MSD
LOCATION LOUISVILLE KY 40299
ATTN: BLAIR THORASDALE SR METRO OPS

KY0044342
PERMIT NUMBER
0012
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
97	05	01		97	05	01

*** 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			
000000 DISCHARGED (00)		*****	*****		7	*****	*****	1.0	0	1/30	GR
000000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	GRAB
000000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	1.7	*****	6.7	1.0	0	1/30	GR
000000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	30		ONCE / MONTH	GRAB
000000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5	0.5	1.0	*****	3	3	1.0	0	1/30	CP
000000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	60	MG/L		ONCE / MONTH	COMPOS
000000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.63	0.63	1.0	*****	4	4	1.0	0	1/30	CP
000000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	4	8	MG/L		ONCE / MONTH	COMPOS
000000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	2.1	2.1	1.0	0	1/30	CP
000000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
000000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.037	0.111	1.0	*****	*****	*****	1.0	0	1/30	CP
000000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	1.0		WEEK / DAYS	INSTAN
000000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	1	1	1.0	0	1/30	GR
000000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GEO	7 DA GEO	100ML		ONCE / MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. S. [Signature]
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]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
502 540-6100 1997 11 26
AREA CODE NUMBER YEAR MO DAY

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

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

MINOR
(SUBR LVA)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEPFB

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

NAME LAKE OF THE WOODS SUBD MSD

ADDRESS 675 CEDAR CREEK ST

675 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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	07	01		07	08	01

*** 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				
ROD. CARBONAZENUS 05 DAY, ROC	SAMPLE MEASUREMENT	0.8	0.5	(25)	*****	5	5	(19)		0	30	1 P
ROD. CARBONAZENUS EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	11.0	22.0		*****	30	30				ONCE / MONTH	COMPLS
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
D. J. SCHWARTZ, 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.

Dennis Thomassen, Sr.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 590 4000
AREA CODE NUMBER

DATE
07 06 26
YEAR MO DAY

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

Lake of the Woods		Report for	May-09			Tot. Exc.=		0		
Tot. Flow=	1.137		Concentrations					Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
5/1/09	0.033									
5/2/09	0.056									
5/3/09	0.054									
5/4/09	0.049									
5/5/09	0.036									
5/6/09	0.046									
5/7/09	0.063									
5/8/09	0.085									
5/9/09	0.111									
5/10/09	0.051									
5/11/09	0.041									
5/12/09	0.03									
5/13/09	0.032									
5/14/09	0.043									
5/15/09	0.043									
5/16/09	0.043									
5/17/09	0.031									
5/18/09	0.024									
5/19/09	0.019	3	5	4	1	0.475	0.792	0.634	2.07	
5/20/09	0.018									
5/21/09	0.018									
5/22/09	0.018									
5/23/09	0.019									
5/24/09	0.017									
5/25/09	0.026									
5/26/09	0.025									
5/27/09	0.021									
5/28/09	0.023									
5/29/09	0.022									
5/30/09	0.02									
5/31/09	0.02									
Average	0.037	3.00	5.00	4.00	1.00	0.48	0.79	0.63	2.07	
Maximum	0.111	3.00	5.00	4.00	1.00	0.48	0.79	0.63	2.07	