



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

August 24, 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 –July 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 July 2009.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Lake of the Woods 0709

Enclosures

cc: C. Roth (DOW Louisville)
R. Shaw
T. Singleton



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

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

MINOR
(SUBJECT)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ***

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME LAKE OF THE WOODS WGTG MSD
ADDRESS 070 CEDAR CREEK WGTG
0405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY LAKE OF THE WOODS WGTG MSD
LOCATION LOUISVILLE KY 40299
ATTN DENNIS THOMASSON, SR METRO OPS

2100044342
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	31

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			
DIVORCE DISSOLVED (OD)	*****	*****			7	*****	*****	(17)	0	0/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.7	(12)	0	0/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	9.0	MG/L		MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.4 DVW 1.2	0.4 DVW 1.2	(26)	*****	3	3	(19)	0	0/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11.0 30 DA AVG	22.0 DAILY MX	LBS/DY	*****	30	60	MG/L		MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.34 DVW 1.14	0.34 DVW 1.14	(26)	*****	3	3	(19)	0	0/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.47 30 DA AVG	2.94 DAILY MX	LBS/DY	*****	4	8	MG/L		MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2.1	2.1	(17)	0	0/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		MONTH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.030 DVW 0.044	0.115 DVW 0.217	(03)	*****	*****	*****		0	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEK	INST
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	0/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	MG/L		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCARDIN, 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.

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

TELEPHONE
5925406000
DATE
07 08 25
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 WQTR MBR

ADDRESS 070 CEDAR CREEK WQTR

070 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY LAKE OF THE WOODS WQTR MBR

LOCATION LOUISVILLE KY 40299

ATTN: DONNIE THOMASSON SR. METRO DFB

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

AY0041342
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
REUSE LAKE
P - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ***

MONITORING PERIOD

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

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			
300. CARBONANIONS 35 DAY, 300 30000 EFFLUENT GROSS VALUE		1.2 ^{0.4} DUW	1.2 ^{0.4} DUW	(36)	*****	3	3	(36)	0	0/30	CP
		PERMIT REQUIREMENT 11.0 30DA AVG	22.0 DAILY MX	LB/Day	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE / MONTH	COMPOS
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. SCHARDON, 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.

Donnie Thomasson Sr.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
522 540 6100
AREA CODE NUMBER
DATE
07 08 25
YEAR MO DAY

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

