



MSD

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

February 25, 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 –January 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 January 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 0109

Enclosures

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



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

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

NAME LAKE OF THE WOODS SUBD MSD
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY LAKE OF THE WOODS SUBD MSD
 LOCATION LOUISVILLE KY 40299
 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
 SANITARY WASTEWATER
 EFFLUENT

JEFFE

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

FROM

TO

*** 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			
OXYGEN, DISSOLVED (DO)	*****	*****	*****	*****	7	*****	*****	(17)	0	01/31	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	MG/L		ONCE/MONTH	GRAB
PH	*****	*****	*****	*****	6.7	*****	*****	(12)	0	01/31	LR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	3.7	13	13	(19)	0	01/31	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	30 DAILY MX	MG/L		ONCE/MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	1.8	6	6	(19)	0	01/31	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.87 30DA AVG	7.34 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		ONCE/MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	2.3	2.3	2.3	(17)	0	01/31	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	0.038	0.131	0.131	(02)	0	01/31	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		WEEK-DAYS	INSTAN
COLEFORM, FECAL GENERAL	*****	*****	*****	*****	1	1	1	(10)	0	01/31	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA SED	400 7 DA SED	100ML		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. Schudoin, Jr.
 Exec. 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 H.J. Schudoin, Jr.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502-540-6000
 DATE: 9 2 25
 AREA CODE: 502 NUMBER: 540-6000 YEAR: 9 MO: 2 DAY: 25

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME LAKE OF THE WOODS SUBD MSD
 ADDRESS C/O CEDAR CREEK STP
 5405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY LAKE OF THE WOODS SUBD MSD
 LOCATION LOUISVILLE KY 40299
 ATTN: DENNIS THOMASSON, SR METRO OPS

PERMIT NUMBER
KY0044342

DISCHARGE NUMBER
001 2

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
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MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	01	01	07	01	31

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBOHYDRACEOUS 05 DAY, 20C	2.3	2.3	(26)	*****	8	8	(17)		1/31	CP	
BOBSE 1 0 0 EFFLUENT GROSS VALUE	11.0	22.0		*****	30	60			ONCE / MONTH	COMPOSE	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. Scherlein, Jr.
 Exec. 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
 Keith D. King

TELEPHONE
 502-546-6000
 DATE
 9 2 25
 AREA CODE NUMBER YEAR MO DAY

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

Lake of the Woods		Report for		Jan-09		Tot. Exc.=		0	
Tot. Flow=	1.166	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
1/1/09	0.023								
1/2/09	0.021								
1/3/09	0.022								
1/4/09	0.025								
1/5/09	0.042								
1/6/09	0.041								
1/7/09	0.031								
1/8/09	0.051								
1/9/09	0.04								
1/10/09	0.053								
1/11/09	0.056								
1/12/09	0.045								
1/13/09	0.042								
1/14/09	0.034	13	8	6.4		3.686	2.268	1.815	
1/15/09	0.022								2.33
1/16/09	0.02				1				
1/17/09	0.02								
1/18/09	0.023								
1/19/09	0.024								
1/20/09	0.027								
1/21/09	0.032								
1/22/09	0.032								
1/23/09	0.027								
1/24/09	0.021								
1/25/09	0.021								
1/26/09	0.019								
1/27/09	0.04								
1/28/09	0.131								
1/29/09	0.089								
1/30/09	0.051								
1/31/09	0.041								
Average	0.038	13.00	8.00	6.40	1.00	3.69	2.27	1.81	2.33
Maximum	0.131	13.00	8.00	6.40	1.00	3.69	2.27	1.81	2.33