



**MSD**

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

July 25, 2007

Mr. Mike Mudd  
Kentucky Division of Water  
9116 Leesgate Rd.  
Louisville, Ky. 40222-5084

**Re: MSD Metro Operations  
Lake of the Woods WTP; KPDES No.: KY0044342  
Discharge Monitoring Reports –June 2007**

Dear Mr. Mudd:

Attached is the Discharge Monitoring Reports (DMRs) for the Lake of the Woods WTP; KPDES No.: KY0044342 for the month of June 2007. If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter  
Process Supervisor - Operations

JEP/Lake of the Woods 0607

Enclosures

cc: K. Thurman (KDOW)  
P. Burgin  
R. Shaw  
E. G. Brady  
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

NAME LAKE OF THE WOODS SUBD MSD  
ADDRESS 8405 CEDAR CREEK RD  
LOUISVILLE KY 40291

KY0044342  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

JEFFE

FACILITY LAKE OF THE WOODS SUBD MSD  
LOCATION LOUISVILLE KY 40299  
ATTN: DEBBIE NEWTON

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 07                | 08 | 01  |    | 07   | 08 | 30  |

SANITARY WASTEWATER  
EFFLUENT

\*\*\* 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 |        |                       |             |
| OXYGEN, DISSOLVED (DD)<br>00300 1 0 0<br>EFFLUENT GROSS VALUE                   |   | *****               | *****              |        | 7.3                      | *****            | *****              | (19)  | Ø      | 1/31                  | GRAB        |
|   |   | *****               | *****              | *****  | INST MIN                 | *****            | *****              | MG/L  |        | ONCE / MONTH          | GRAB        |
| PH<br>00400 1 0 0<br>EFFLUENT GROSS VALUE                                       |   | *****               | *****              |        | 7.1                      | *****            | 7.1                | (12)  | Ø      | 1/31                  | GRAB        |
|   |   | *****               | *****              | *****  | MINIMUM                  | *****            | MAXIMUM            | SU    |        | ONCE / MONTH          | GRAB        |
| SOLIDS, TOTAL SUSPENDED<br>00530 1 0 0<br>EFFLUENT GROSS VALUE                  |   | 0.33                | 0.33               | (26)   | *****                    | 5.00             | 5.00               | (19)  | Ø      | 1/31                  | COMP        |
|   |   | 11.0<br>30DA AVG    | 32.0<br>DAILY MX   | LBS/DY | *****                    | 30<br>30DA AVG   | 60<br>DAILY MX     | MG/L  |        | ONCE / MONTH          | COMPLS      |
| NITROGEN, AMMONIA TOTAL (AS N)<br>00610 1 1 0<br>EFFLUENT GROSS VALUE           |   | 0.02                | 0.02               | (26)   | *****                    | 0.28             | 0.28               | (19)  | Ø      | 1/31                  | COMP        |
|   |   | 1.47<br>30DA AVG    | 2.94<br>DAILY MX   | LBS/DY | *****                    | 4<br>30DA AVG    | 8<br>DAILY MX      | MG/L  |        | ONCE / MONTH          | COMPLS      |
| PHOSPHORUS, TOTAL (AS P)<br>00665 1 0 0<br>EFFLUENT GROSS VALUE                 |   | *****               | *****              |        | *****                    | 2.14             | 2.14               | (19)  | Ø      | 1/31                  | COMP        |
|   |   | *****               | *****              | *****  | *****                    | REPORT<br>MO AVG | REPORT<br>DAILY MX | MG/L  |        | ONCE / MONTH          | COMPLS      |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT<br>00050 1 0 0<br>EFFLUENT GROSS VALUE |   | 0.011               | 0.029              | (03)   | *****                    | *****            | *****              |       | Ø      | INST                  | INST        |
|   |   | REPORT<br>30DA AVG  | REPORT<br>INST MAX | MGD    | *****                    | *****            | *****              | ***** |        | WEEK - DAYS           | INST        |
| COLIFORM, FECAL GENERAL<br>74055 1 0 0<br>EFFLUENT GROSS VALUE                  |   | *****               | *****              |        | *****                    | 1.00             | 1.00               | (13)  | Ø      | 1/31                  | GRAB        |
|   |   | *****               | *****              | *****  | *****                    | 200<br>30DA GED  | 400 #/<br>7 DA GED | 100ML |        | ONCE / MONTH          | GRAB        |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H.J. SCHARDSIN 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.

*James E. Port*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
502-540-6000  
DATE  
7 7 23

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

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

NAME LAKE OF THE WOODS SUBD MSD  
ADDRESS 8405 CEDAR CREEK RD  
LOUISVILLE KY 40291

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

KY0044342  
PERMIT NUMBER

001 2  
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MINOR  
(SUBR LV)  
F - FINAL JEFFE

FACILITY LAKE OF THE WOODS SUBD MSD  
LOCATION LOUISVILLE KY 40299  
ATTN: DEBBIE NEWTON

| MONITORING PERIOD |    |     |    |      |    |     |
|-------------------|----|-----|----|------|----|-----|
| YEAR              | MO | DAY | TO | YEAR | MO | DAY |
| 07                | 06 | 01  |    | 07   | 06 | 30  |

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EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*  
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| PARAMETER   | X                  | QUANTITY OR LOADING |                  |        | QUALITY OR CONCENTRATION |                |                |        | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|------------------|--------|--------------------------|----------------|----------------|--------|--------|-----------------------|-------------|
|   |                    | AVERAGE             | MAXIMUM          | UNITS  | MINIMUM                  | AVERAGE        | MAXIMUM        | UNITS  |        |                       |             |
| BOD, CARBONACEOUS<br>05 DAY, 20C<br>30082 1 0 0<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.20                | 0.20             | ( 26 ) | *****                    | 3.00           | 3.00           | ( 19 ) | 4      | 1/31                  | COMP        |
|   | PERMIT REQUIREMENT | 11.0<br>30DA AVG    | 22.0<br>DAILY MX | LBS/DY | *****                    | 30<br>30DA AVG | 60<br>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 |                     |                  |        |                          |                |                |        |        |                       |             |

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*James E. Poul*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540 6000  
DATE 7 7 23  
AREA CODE NUMBER YEAR MO DAY

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