



MSD

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

March 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 –February 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 February 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 0209

Enclosures

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



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

NAME LAKE OF THE WOODS SUBD MSD
 ADDRESS C/O CEDAR CREEK STP
 8408 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY LAKE OF THE WOODS SUBD MSD
 LOCATION LOUISVILLE KY 40299
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0044342 PERMIT NUMBER	0012 DISCHARGE NUMBER
MONITORING PERIOD	
FROM YEAR MO DAY 07 02 01	TO YEAR MO DAY 07 02 20

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE 1 ***
 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)	*****	*****	*****		8	*****	*****	(19)		1/28	CR	
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		ONCE / MONTH	GRAB	
PH	*****	*****	*****		7.1	*****	*****	(12)		1/28	CR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	MINIMUM MAXIMUM		ONCE / MONTH	GRAB	
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	(26)	*****	*****	*****	(19)		1/28	CP	
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11.0	22.0	LBS/DY	*****	30	60	MG/L		ONCE / MONTH	COMPLE	
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	(26)	*****	*****	*****	(19)		1/28	CP	
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.67	7.34	LBS/DY	*****	10	20	MG/L		ONCE / MONTH	COMPLE	
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****		*****	*****	*****	(19)		1/28	CP	
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPLE	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	(05)	*****	*****	*****			1/28	CR	
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEK-DAYS	INSTAN	
COLIFORM, FECAL GENERAL	*****	*****	*****		*****	*****	*****	(18)		1/28	CR	
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #1	100ML		ONCE / MONTH	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.				Ke. = D. 2/5 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
TYPED OR PRINTED								512 511-6000	09	3	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 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)

KV0044342
PERMIT NUMBER

001 B
DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE () ***

NOTE: Read Instructions before completing this form.

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	02	01	07	02	23

FROM

TO

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.8	5.8	(26)	*****	17	17	(19)		1/28	CP
	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	50 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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.S. 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
Kenneth D. ...

TELEPHONE
502-546-6100
DATE
09 3 23
AREA CODE NUMBER YEAR MO DAY

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

