



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

December 22, 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 WQTC; KPDES No.: KY0044342
Discharge Monitoring Reports –November 2009

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Lake of the Woods WQTC; KPDES No.: KY0044342 for the month of November 2009.

There were no exceedences, bypasses or overflow reports.

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

Sincerely,

A handwritten signature in cursive script that reads "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Lake of the Woods 11.09

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)

NAME LAKE OF THE WOODS WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY LAKE OF THE WOODS WQTC 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

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

JEFFE

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	09	11	01	TO	09	11	30	

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		9	*****	*****	(19)	0	0/30	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			ONCE/	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L		MONTH	
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.0	(12)	0	0/30	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			ONCE/	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SV		MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.7	0.7	(26)	*****	2	2	(19)	0	0/30	CP
00530 1 0 0	PERMIT REQUIREMENT	11.0	22.0		*****	30	60			ONCE/	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.20	0.20	(26)	*****	0.6	0.6	(19)	0	0/30	CP
00610 1 2 0	PERMIT REQUIREMENT	3.67	7.34		*****	10	20			ONCE/	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.1	2.1	(19)	0	0/30	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			ONCE/	COMPOS
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L		MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.025	0.073	(03)	*****	*****	*****		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEK-	INSTAN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		DAYS	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	0/30	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			ONCE/	GRAB
EFFLUENT GROSS VALUE				****		30DA QED	7 DA QED	100ML		MONTH	
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.					TELEPHONE		DATE		
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

NAME LAKE OF THE WOODS WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY LAKE OF THE WOODS WQTC 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

*** NO DISCHARGE 1-1-90 ***

NOTE: Read Instructions before completing this form.

JEFFRE

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 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.1	1.1	(26)	*****	3	3	(19)	0	0/30	CP
	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE/MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

Lake of the Woods		Report for	Nov-09		Tot. Exc.=		0		
Tot. Flow=		Concentrations		Pounds					
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
11/1/09	0.073								
11/2/09	0.043	2	3	0.56	1	0.717	1.076	0.201	2.08
11/3/09	0.032								
11/4/09	0.026								
11/5/09	0.022								
11/6/09	0.021								
11/7/09	0.019								
11/8/09	0.019								
11/9/09	0.02								
11/10/09	0.02								
11/11/09	0.018								
11/12/09	0.017								
11/13/09	0.016								
11/14/09	0.016								
11/15/09	0.018								
11/16/09	0.017								
11/17/09	0.033								
11/18/09	0.054								
11/19/09	0.035								
11/20/09	0.021								
11/21/09	0.022								
11/22/09	0.022								
11/23/09	0.022								
11/24/09	0.021								
11/25/09	0.02								
11/26/09	0.02								
11/27/09	0.019								
11/28/09	0.018								
11/29/09	0.02								
11/30/09	0.031								
Average	0.025	2.00	3.00	0.56	1.00	0.72	1.08	0.20	2.08
Maximum	0.073	2.00	3.00	0.56	1.00	0.72	1.08	0.20	2.08
Exceed.	2	0	0	0	0	0	0	0	