



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

May 9, 2010

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 –April 2010

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 April 2010.

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 04.10

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 WASTE MSD

ADDRESS 0/D CEDAR CREEK WOTC

5405 CEDAR CREEK RD

LOUISVILLE KY 40211

FACILITY LAKE OF THE WOODS WASTE MSD

LOCATION LOUISVILLE KY 40299

ATTN: DEANIS THOMASSEN, SR. METRO DPE

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

1700490342
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBS LV)

1 - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

Form Approved
OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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				
DAYONE DISSOLVED (DO)					8					0	03/30	LR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				INST MIN			MG/L			MONTH	
PH					7.0		7.1			0	03/30	LR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	BU			MONTH	
SOLIDS, TOTAL SUSPENDED		0.1	0.1	LBS/DY		1	1			0	03/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			MONTH	
NITROGEN, AMMONIA TOTAL (AS N)		1.24	1.25	LBS/DY		9	11			0	03/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			MONTH	
PHOSPHORUS, TOTAL (AS P)						2.2	2.2			0	03/30	CD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					MG AVG	DAILY MX	MG/L			MONTH	
FLUORIDE IN COMBINATION THRU TREATMENT PLANT		0.087	0.086	MGD						0	03/30	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD							DAYS	
COD, TOTAL, FORMAL GENERAL						12	12			0	03/31	LR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					30DA GED	7 DA GED	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				
H. J. SCHWARD, JR. EXECUTIVE DIRECTOR TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						512	541-6000	11	11	24		

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME LAKE OF THE WOODS METRO MSD
 ADDRESS 670 CEDAR CREEK RD
 6199 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY LAKE OF THE WOODS METRO MSD
 LOCATION LOUISVILLE KY 40299
 ATTN: DWAYNE THOMASSEN, SR METRO OPS

170044342
 PERMIT NUMBER

0012
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

MINOR
 (SUPERVISOR)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** 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			
POSS. CARBONACEOUS 05 DAY 20C EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT 1.0 PERMIT REQUIREMENT 30DA AVG	1.0	1.0	LB/DAY	*****	5	5	MG/L	0	0/30	CO
CHLORINE, TOTAL RESIDUAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT					<0.011 30 DA AVG	<0.010 DAILY MAX	MG/L	1	03/30	GR
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	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. SCHARDIN, 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
 Dwayne Thomassen, Sr.

TELEPHONE
 502-540-6000
 DATE
 10-05-24

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

Lake of the Woods		Report for	Apr-10		Tot. Exc.=	0			
Tot. Flow=	0.838		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
4/1/10	0.016								
4/2/10	0.016								
4/3/10	0.016								
4/4/10	0.016								
4/5/10	0.014	1	8.31	10.64	12	0.117	0.970	1.242	2.21
4/6/10	0.016								
4/7/10	0.012								
4/8/10	0.055								
4/9/10	0.036								
4/10/10	0.021								
4/11/10	0.018								
4/12/10	0.017								
4/13/10	0.015								
4/14/10	0.013								
4/15/10	0.014								
4/16/10	0.02								
4/17/10	0.03								
4/18/10	0.019								
4/19/10	0.018								
4/20/10	0.014								
4/21/10	0.015								
4/22/10	0.018			8.3				1.246	
4/23/10	0.023								
4/24/10	0.039								
4/25/10	0.086								
4/26/10	0.068								
4/27/10	0.062								
4/28/10	0.052								
4/29/10	0.033								
4/30/10	0.019								
5/1/10									
Average	0.027	1.00	8.31	9.47	12.00	0.12	0.97	1.24	2.21
Maximum	0.086	1.00	8.31	10.64	12.00	0.12	0.97	1.25	2.21