



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

April 26, 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 –March 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 March 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 03.10

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

ADDRESS

FACILITY
LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MINUTE

FOURTH

W - FINAL

BARCLAY AND FLUOR

EFFLUENT

NO DISCHARGE

Form Approved.
OMB No. 2040-0004

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

TO

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
EFFLUENT DISCHARGE (GPD)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	14	0	0/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	14		ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8	12	0	0/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	12		ONCE / MONTH	GRAB
SUSPENDED SOLIDS (AS P)	SAMPLE MEASUREMENT	1.5	1.5	(25)	*****	8	8	12	0	0/31	CD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LESS THAN	*****	30 30DA AVG	50 DAILY MX	12		ONCE / MONTH	COMPOS
TOTAL (AS P)	SAMPLE MEASUREMENT	1.72	1.72	(25)	*****	9	9	12	0	0/31	CD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.67 30DA AVG	7.34 DAILY MX	LESS THAN	*****	10 30DA AVG	20 DAILY MX	12		ONCE / MONTH	COMPOS
TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.8	1.8	12	0	0/31	CD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	12		ONCE / MONTH	COMPOS
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.023	0.037	(0.01)	*****	*****	*****	12		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	AVE	*****	*****	*****	12		ONCE / MONTH	COMPOS
GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	12		ONCE / MONTH	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 7 DA GED	12		ONCE / MONTH	COMPOS
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. S. SCHANDLER, JR.											
DIRECTOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				502 540 6000		10 04 26			
TYPED OR PRINTED						AREA CODE		NUMBER			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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

ADDRESS

FACILITY
LOCATION

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

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

MINOR

MAJOR

FINAL

STATION

EFFLUENT

DATE OF DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL PHOSPHORUS 55 DAY, DOC	SAMPLE MEASUREMENT	2.3	2.3	MG/DAY	*****	12	12	MG/DAY	0	01/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	MG/DAY	*****	30 30DA AVG	50 DAILY MX	MG/DAY		ONCE/MONTH	COMPL
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT					20.010	20.010		0	01/31	GR
50060 100	PERMIT REQUIREMENT					0.011 30DA AVG	0.019 DAILY MX	MG/L		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. S. SHERIDAN, 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

TELEPHONE

DATE

502-590-6040

10 04 26

AREA CODE NUMBER YEAR MO DAY

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

Lake of the Woods		Report for		Mar-10		Tot. Exc.=		0			
Tot. Flow=		0.700		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
3/1/10	0.027										
3/2/10	0.023	8	12	8.96	1	1.535	2.302	1.719	1.83		
3/3/10	0.022										
3/4/10	0.021										
3/5/10	0.021										
3/6/10	0.019										
3/7/10	0.02										
3/8/10	0.021										
3/9/10	0.021										
3/10/10	0.022										
3/11/10	0.022										
3/12/10	0.032										
3/13/10	0.037										
3/14/10	0.031										
3/15/10	0.03										
3/16/10	0.03										
3/17/10	0.024										
3/18/10	0.021										
3/19/10	0.017										
3/20/10	0.016										
3/21/10	0.016										
3/22/10	0.033										
3/23/10	0.021										
3/24/10	0.016										
3/25/10	0.017										
3/26/10	0.026										
3/27/10	0.021										
3/28/10	0.02										
3/29/10	0.021										
3/30/10	0.016										
3/31/10	0.016										
Average	0.023	8.00	12.00	8.96	1.00	1.53	2.30	1.72	1.83		
Maximum	0.037	8.00	12.00	8.96	1.00	1.53	2.30	1.72	1.83		