



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

June 11, 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 –May 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 May 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,


Duane V. Wright
Process Supervisor Central Region

DVW/Lake of the Woods 05.10

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 WOTC MSD
 ADDRESS C/O CEDAR CREEK WOTC
 4405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY LAKE OF THE WOODS WOTC MSD
 LOCATION LOUISVILLE KY 40295
 ATTN DENNIS THOMASON, SR METRO OPS

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

PERMIT NUMBER	DISCHARGE NUMBER
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MINOR (SUBP LV)
 T - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE ***

MONITORING PERIOD

FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY
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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	*****	*****		8				4	1/31	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN			MG/L		MONTH	
PH	6.8	*****	*****		6.8				4	1/31	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM		MAXIMUM	SU		MONTH	
SOLIDS, TOTAL SUSPENDED	0.8	11.0	22.0	LBS/DY	3	3			4	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX		30DA AVG	DAILY MX		MG/L		MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	0.60	0.60		LBS/DY	2	2			4	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX		30DA AVG	DAILY MX		MG/L		MONTH	
PHOSPHORUS TOTAL (AS P)	2.0	*****	*****		2.0	2.0			4	1/31	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT	REPORT		MG/L		MONTH	
FLOW IN CONDUIT OR THRU TREATMENT PLANT	0.036	0.129		MGD					4	CN	CN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT							DAYS	
COLIFORM, FECAL GENERAL	2	*****	*****		2	2			4	1/31	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	30DA GED	7 DA GED		100ML		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. SCHARDEN, 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
 [Signature]

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
	502 540 6000	10	06	14

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

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

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

MINOR
(SUBR LV)

NAME LAKE OF THE WOODS WGTG MSD
ADDRESS 070 CEDAR CREEK WGTG
0495 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY LAKE OF THE WOODS WGTG MSD
LOCATION LOUISVILLE KY 40299
ATTN NIKKIS THOMPSON, SR METRO OPS

RY0044542
PERMIT NUMBER

0012
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	00	01		00	00	01

F - FINAL
SANITARY SEWAGE TREATMENT PLANT
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			
5-DAY BOD5		1.0	1.0	MG/L		4	4	MG/L	✓	1/31	CP
EFFLUENT BOD5 VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
Chlorine Residual						<0.010	<0.010		✓	1/31	CR
Effluent Chlorine Residual						30DA AVG	DAILY MX			once/yr	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
M. J. SCHMIDT, JR.
EFFLUENT SUPERVISOR
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.

Sumet Knight
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502 540 6000
DATE
10 06 14
AREA CODE NUMBER YEAR MO DAY

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

Lake of the Woods		Report for	May-10			Tot. Exc.=		0		
Tot. Flow=	1.109	Concentrations		Pounds						
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
5/1/10	0.082									
5/2/10	0.041									
5/3/10	0.129									
5/4/10	0.036									
5/5/10	0.028									
5/6/10	0.02									
5/7/10	0.021									
5/8/10	0.021									
5/9/10	0.018									
5/10/10	0.018									
5/11/10	0.02									
5/12/10	0.028									
5/13/10	0.033									
5/14/10	0.023									
5/15/10	0.021									
5/16/10	0.035									
5/17/10	0.054									
5/18/10	0.053									
5/19/10	0.035									
5/20/10	0.03									
5/21/10	0.03									
5/22/10	0.067									
5/23/10	0.044									
5/24/10	0.035									
5/25/10	0.034									
5/26/10	0.032									
5/27/10	0.03	3	4	2.41	2	0.751	1.001	0.603	1.95	
5/28/10	0.024									
5/29/10	0.024									
5/30/10	0.022									
5/31/10	0.021									
Average	0.036	3.00	4.00	2.41	2.00	0.75	1.00	0.60	1.95	
Maximum	0.129	3.00	4.00	2.41	2.00	0.75	1.00	0.60	1.95	