

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

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

NAME

LAKE OF THE WOODS WOTE MED

ADDRESS C/O CEDAR CREEK WOTC KNOS CEDAN CREEN FO

LOUISVILLE

WY 40211

FACILITY LABE OF THE WOODS MOTO MSD LOCATION LOUISVILLE

KY AGETT

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

إيرين والمراجع في الأربي أمام PERMIT NUMBER

FROM

TULA EL DISCHARGE NUMBER

MONITORING PERIOD YEAR MO... DAY YEAR MO... DAY. TO

· Ollin rappiovous OMB No. 2040-0004

The same of the sa

(SUBE LV)

MINDR

正一 医系统系统 SAMITARY WASTEWALTER

EFFLUENT

*** MO DISCHARGE !__! FER

PARAMETER		QUANTITY OR LOADING			G	ENTRATION			FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	- EX	ANALYSIS	ITPE
RYCHA CLESOLVEU (DD)	SAMPLE MEASUREMENT	· 1985年 1985年 日本3年	ings in the desirable figure		8 .	gia dipensión el a esperador	ne ist of a conse	ه وينا لِي ا	Ţ	°1/31	68
COCO I O O FFLUENT GROSS VAL	PERMIT REQUIREMENT	भूष- त्यार त्यार राज्य त्यार राजीर	Sign of the Sign o	·新沙沙 安安教育	INET MIN	प्रसापना भी दशासना का स	প্ৰকৃতিক কৰা কৰা কৰা কৰা -	MW Zi		MONTH	WALLEY TO
P (m)	SAMPLE MEASUREMENT	किस्स क्रान्टिकार	작한 공항인원		6.8	न्यतः स्वयंत्रः स्थलः स्थलितः स्वयंत	6.8	i ketil	Ø	1/31	FR
NOMOO : C O Krflyent Gress val	PERMIT REQUIREMENT	经营务等的	graph and the state of the stat	· 教授教 教育教育	MINIMUM 4. D	(1) 기념은 1일을 기념을 되는 일시 (1) (1)	Maximmi A. A.	SU		MONTE	regital (regin
SOLIMBA TOTAL SUBPENDED	SAMPLE MEASUREMENT	8.0	6.8	K ladda k	<u>ন্দর্ভন পরিক্র এবল চন্দ্র পরিক্র পরিক্র</u>	3	3	4.57,	12	(1/2)	CP
JONDO : 0 0 Keplumi gross vali	PERMIT PERMIT	II.U OVA AQOE	DAILY MX	1.85/17	含数含物物(含)	30DA AVG	DAILY W			MONUS	Ange Same A. Same S. S
(ITBODER, AMMORIA MOTAL (AS N)	SAMPLE MEASUREMENT	0.60	0.60	(2166)	· · · · · · · · · · · · · · · · · · ·	2	Z	(1/	(1/31	<u> </u>
DOMIO 1 J D EFFLUENT GROSS VALI	PERMIT .: REQUIREMENT	1.47 BODA AVG	2.74 DAILY MX	LES/DY		OVA ACCE	DAILY M)			MOISTS	النبية (\$ \$) الساء يووا د
PROSHIKULS TOTAL (AS P)	SAMPLE MEASUREMENT	नेहें ही ती तह तह है है।	在安徽等领域		A of the said of the said	7.0	Z .C	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ø	c1/31	C P
OCABS I C O Effluent <mark>groes val</mark> i	PERMIT REQUIREMENT	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	5. 新香香 - 14. 多香香	- por - por - por - por - Car rights	MO AVO	DAILY M	YSZL.		MONT!	"Spee Transe" 16 5 - 400 17
TLORE IN COMENTY OF THEO TEMATMENT FLA	SAIMI EE	0.036	0.129	S. SUZUŽIV	mily make make to be more town	se glese he times	\(\alpha \) \(\frac{1}{2} \) \(\frac{1}{	* * * * * * * * * * * * * * * * * * *	4	CN	CN
SOSO : O O Effluent <mark>gross val</mark>	PERMIT REQUIREMENT	REFORT GODA AVG	REPUR IRST MAX	MGD	476-458 178-488-488-488	ক্ষম কৰা কৰা কৰা কৰি কৰিছে। এই	iligat statu da usat statu statu.	\$ # ###		DAYE	E PALLS CETA
OGLIFORM: FEGAL PENERAL	SAMPLE MEASUREMENT		स्थान को काम को काम को है		नहीं ग्रह्म स्ट्रीण क्षेत्र अस्ति अस्ति है	2	Ż	- i	Ø	11/2	128
rausa I C C	PERMIT REQUIREMENT	स्थानिक स्थानक स्थानक इ.स.च्या स्थानक स्थानक	de fin en ee de de th	2 解解析 心心性的	THE STATE OF THE SET	GODA GED	7 DA GE] : 0/2/12		MONT	100 K % (17% no.
NAME/TITLE PRINCIPAL EXECUTIV リンプ・Sでムスパンぐん。アベ ビス・CT エブリン カルボミウ TYPED OR PRINTED	prepar to assu submit or thos submit	y under penalty of law that the ed under my direction or sup- tre that qualified personnel pi- tted. Based on my inquiry of bl- ee persons directly responsible tted is, to the best of my know- ware that there are significan	ervision in accordance with roperly gather and evaluate he person or persons who n e for gathering the informat ledge and belief, true, accur	a system designed the information nanage the system, ion, the information ate, and complete, dse information,	SIGNATURE OF PRINCIPAL EXECUTIVE			*TELEPHOI	000	10 0	ATE 6 / 4

PAGE

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

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

LAKE OF THE WOODS WOTE MSD NAME

ADDRESS C/C CEDAR CREEK WGTC MARK TERMAP CREEK PD

以文 基础型等主 LOUISVILLE

FACILITY LAND OF THE WOODS WELL MED

LOCATION LOUISVILLE KY ACZTY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

DAY

KY0044542 PERMIT NUMBER

MO

YEAR

FROM

DISCHARGE NUMBER

DAY

YEAR MO

F - FINAL

MINUR . (SUBR LV)

, C.

1 Unit Apployees.

OMB No. 2040-0004

BANITARY WARTSONFIER

ETFLUENT

ARREIG ON ARR

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	1176
KOD, SAMBORACEBUS OS DAY: 200	SAMPLE MEASUREME	мт /- О	1.0	1 267	क्षा स्टब्स्ट वर्ष तर वेट	4	4	1 177	4	1/31	C 8
KOBS) C O IFFLUENT GROSS VALU	PERMIT REQUIREME	SI. U. NT BODA AVG	Service of the servic	LEGZDY	gress de tresse se	SODA AVE		S MX 1967 / L		MONTH	المراجع المراج المراجع المراجع المراج
Chlorine, Total	SAMPLE MEASUREME	NT				- C. EIG	40781	<u>' C</u>	1/	01/31	62
51040 1 0 0 = FELLER CHOSS VALUE	PERMIT REQUIREME	NT				50 DA AVA	910.0	(X		orce/1	CEA
	SAMPLE MEASUREME	:NT					'				
	PERMIT REQUIREME	NT.					ng i	11 8 27 8			
	SAMPLE MEASUREME	:NT									
	PERMIT REQUIREME	NT.	: .				eri eri gendag	÷			
	SAMPLE MEASUREME	:NT									
	PERMIT REQUIREME	NT					1. 1994; 2005 1.35				
	SAMPLE MEASUREME	ENT									
	PERMIT REQUIREME	NT									: :
	SAMPLE MEASUREME	NT									
	PERMIT REQUIREME	NT							14 1 1 2		
AME/TITLE PRINCIPAL EXECUTIV ハナ・ゴベルハイル・ショップス 「メミアルブルニーカルだとて	pr to su or	certify under penalty of law that it epared under my direction or su assure that qualified personnel p braitted. Based on my inquiry of those persons directly responsib mitted is, to the best of my know m aware that there are significa	pervision in accordance with roperly gather and evaluate the person or persons who m le for gathering the informativelege and belief, true, accur	a system designed the information canage the system ion, the informati rate, and complete	on Ju	AND IN A		302 540 6	000	100	ATE 14
TYPED OR PRINTED OMMENTS AND EXPLANATION OF	in	cluding the possibility of fine and	imprisonment for knowing		- OI	FFICER OR AUTHORIZ	ED AGENT	AREA NUMBE	R	YEAR N	MO DA

PAGE

②F ス

Lake of the		Report for	May-10		Tot. Exc.=	0	D I			
Tot. Flow=	1.109		Concentr			700	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		4	2.41	2	0.751	1.001	0.60	3 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			2.41	2.00	0.75		0.6		
Maximum	0.129	3.00	4.00	2.41	2.00	0.75	1.00	0.6	0 1.95	