



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

August 19, 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 –July 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 July 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 07.10

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 WORDS WOTC MSD

ADDRESS 070 CEDAR CREEK WOTC

0000 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY LAKE OF THE WORDS WOTC MSD

LOCATION LOUISVILLE

KY 40299

ATTN: GORDON L. HANSON, SR. METRO OPS

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TQ	YEAR	MO.	DAY

FROM

TO

MINOR

MAJOR

FINAL

SANITARY WASTEWATER

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			
PHOSPHORUS (PP)	SAMPLE MEASUREMENT				7				0	03/31	GR
PERMIT REQUIREMENT					INST. MIN					MONTH	
EFFLUENT GROSS VALUE											
PHOSPHORUS (PP)	SAMPLE MEASUREMENT				7.2		7.3		0	03/31	GR
PERMIT REQUIREMENT					MINIMUM		MAXIMUM			MONTH	
EFFLUENT GROSS VALUE											
SUSPENDED SOLIDS (SS)	SAMPLE MEASUREMENT	0.6	0.6			2	2		0	03/31	CP
PERMIT REQUIREMENT		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX			MONTH	
EFFLUENT GROSS VALUE											
TOTAL (AS N)	SAMPLE MEASUREMENT	1.35	1.79			4	6		0	03/31	CP
PERMIT REQUIREMENT		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX			MONTH	
EFFLUENT GROSS VALUE											
PHOSPHORUS (AS P)	SAMPLE MEASUREMENT					2.2	2.2		0	03/31	CP
PERMIT REQUIREMENT						NO. AVG	DAILY MX			MONTH	
EFFLUENT GROSS VALUE											
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.037	0.069						0	CN	CN
PERMIT REQUIREMENT		30DA AVG	INST. MAX							DAYS	
EFFLUENT GROSS VALUE											
GENERAL	SAMPLE MEASUREMENT					2	2		0	03/31	GR
PERMIT REQUIREMENT						30DA GED	7 DA GED	100%		MONTH	
EFFLUENT GROSS VALUE											
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. SCHARDIN, JR.						502.540.6000		10	08	26	
EXECUTIVE DIRECTOR		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	
TYPED OR PRINTED											

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

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

NAME NAME OF THE WOODS WOOD MED

ADDRESS 670 CEDAR CREEK WOOD

670 CEDAR CREEK RD

LOUISVILLE

FACILITY NAME OF THE WOODS WOOD MED

LOCATION LOUISVILLE

UNIT 10015 THOMASSON, KY METRO OPP

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

MINOR

DISCHARGE

FINAL

SANITARY WASTEWATER

EFFLUENT

NO 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			
5-DAY CARBONATE-BIOGENIC O ₂ DAY, 20C	SAMPLE MEASUREMENT	0.9	0.9	(1.0)		3	3		0	0/31	CD
5-DAY CARBONATE-BIOGENIC O ₂ DAY, 20C	PERMIT REQUIREMENT	3.0 DA AVG	DAILY MAX	LBS/DAY		3.0 DA AVG	DAILY MAX	MG/L		MONTH	
CHLORIDE TOTAL RESIDUAL	SAMPLE MEASUREMENT	XXXX	XXXX		XXXX	<0.010	<0.010	(19)	0	0/31	GR
SULFIDE EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	XXXX	XXXX	XXX	XXXX	0.011	3.0 DA AVG	DAILY MAX	MG/L	MONTH	GRAB
	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	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			
EXCUSE DIRECTOR						
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502 540 6000	10	08	26	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE	NUMBER	YEAR	MO	DAY

Lake of the Woods		Report for		Jul-10		Tot. Exc.=		0	
Tot. Flow=		1.147		Concentrations				Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
7/1/10	0.023								
7/2/10	0.015								
7/3/10	0.015								
7/4/10	0.016								
7/5/10	0.016								
7/6/10	0.015								
7/7/10	0.017								
7/8/10	0.023								
7/9/10	0.037								
7/10/10	0.038								
7/11/10	0.034								
7/12/10	0.027								
7/13/10	0.065								
7/14/10	0.058								
7/15/10	0.049								
7/16/10	0.05								
7/17/10	0.045								
7/18/10	0.038								
7/19/10	0.036								
7/20/10	0.069								
7/21/10	0.061								
7/22/10	0.051								
7/23/10	0.04								
7/24/10	0.036								
7/25/10	0.041								
7/26/10	0.037								
7/27/10	0.035								
7/28/10	0.037	2	3	6	2	0.617	0.926	1.790	2.21
7/29/10	0.04								
7/30/10	0.029			3				0.786	
7/31/10	0.054			3				1.486	
Average	0.037	2.00	3.00	4	2.00	0.62	0.93	1.35	2.21
Maximum	0.069	2.00	3.00	6	2.00	0.62	0.93	1.79	2.21