

MSD

Metropolitan Sewer District

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

September 21, 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 –August 2010**

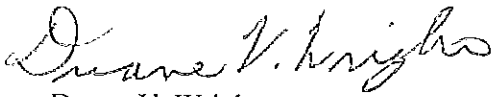
Dear Ms. Bentley:

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 August 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 08.10

Enclosures

cc: C. Roth (DOW Louisville)
R. Shaw
T. Singleton



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME LAKE OF THE WOODS WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 8408 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY LAKE OF THE WOODS WQTC MSD
 LOCATION LOUISVILLE KY 40299
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0044342
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1 ***
 JEFFE

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	10	09	01		10	09	01

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			
OXYGEN, DISSOLVED (DO)		*****	*****		8	*****	*****	(12)	0	0/31	GR
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	
PH		*****	*****		7.1	*****	*****	(12)	0	0/31	GR
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	5.0 MINIMUM	*****	7.0 MAXIMUM	5U		ONCE / MONTH	
SOLIDS, TOTAL SUSPENDED		*****	*****	(26)	*****	*****	*****	(12)	0	0/31	CP
00500 1 0 0 EFFLUENT GROSS VALUE		11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		ONCE / MONTH	
NITROGEN, AMMONIA TOTAL (AS N)		*****	*****	(26)	*****	*****	*****	(12)	0	0/31	CP
00610 1 1 0 EFFLUENT GROSS VALUE		1.47 30DA AVG	2.94 DAILY MX	LBS/DY	*****	*****	*****	MG/L		ONCE / MONTH	
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	*****	*****	(12)	0	0/31	CP
00685 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	*****	(03)	*****	*****	*****		0	CN	CN
00690 1 0 0 EFFLUENT GROSS VALUE		REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		WEEK / DAYS	
COLIFORM, FECAL GENERAL		*****	*****		*****	*****	*****	(12)	0	0/31	GR
74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	200 30DA GED	400 7 DA GED	100ML		ONCE / MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. SCHARDIEN, 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.

Dennis Thomasson, Sr.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502 540-6000	10 9 23	YEAR	MO	DAY
AREA CODE	NUMBER			

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

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
JEFFE
*** NO DISCHARGE 1/31 ***

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME LAKE OF THE WOODS WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
3425 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY LAKE OF THE WOODS WQTC MSD
LOCATION LOUISVILLE KY 40299
ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0044942	0012
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
00	00	00		00	00	00

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			
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.3	0.3	(26)	*****	2	2	(19)	0	1/31	CD
	PERMIT REQUIREMENT	11.0	22.0		*****	30	30				
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		ONCE/	MONTH
CHLORINE, TOTAL RESIDUAL 50060 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	XXXXX	XXXXX		XXXXX	<0.010	<0.010	(19)	0	1/31	GR
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXX	XXXXX	0.011	0.019			ONCE/	MONTH
				XXX		30DA AVG	DAILY MX	MG/L			GRAB
	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. SCHARDEIN, 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.

Dennis Thomassen, Sr.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	5406000	10	9	23
AREA CODE	NUMBER	YEAR	MO	DAY

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

Lake of the Woods		Report for	Aug-10		Tot. Exc.=		0			
Tot. Flow=	1.024		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
8/1/10	0.05									
8/2/10	0.042									
8/3/10	0.039									
8/4/10	0.035									
8/5/10	0.038									
8/6/10	0.037									
8/7/10	0.032									
8/8/10	0.038									
8/9/10	0.026									
8/10/10	0.024									
8/11/10	0.019	3	2	1.9	1	0.475	0.317	0.301	1.33	
8/12/10	0.023									
8/13/10	0.026									
8/14/10	0.047									
8/15/10	0.064									
8/16/10	0.038									
8/17/10	0.031									
8/18/10	0.028									
8/19/10	0.027									
8/20/10	0.026									
8/21/10	0.044									
8/22/10	0.043									
8/23/10	0.034									
8/24/10	0.028									
8/25/10	0.027									
8/26/10	0.025									
8/27/10	0.024									
8/28/10	0.026									
8/29/10	0.029									
8/30/10	0.028									
8/31/10	0.026									
Average	0.033	3.00	2.00	1.90	1.00	0.48	0.32	0.30	1.33	
Maximum	0.064	3.00	2.00	1.90	1.00	0.48	0.32	0.30	1.33	