



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

November 17, 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 –October 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 October 2010.

There were two exceedences in the month.

One exceedence was for Phosphorous. This failure was due to an error in judgment and oversight by the plant operator responsible for this duty. The sample chain of custody and the sample itself was lost in transit to the lab at Morris Foreman. To address this occurrence, our Training Department is in process of developing an enhanced training program for sampling which is designed to instruct employees on proper sampling technique and protocol. Once completed, we will implement training classes for our staff.

The other exceedence was for pounds of NH₃N-30 day average. We have implemented a process control spreadsheet, which includes influent sampling. This will help us have better process control and prevent a recurrence.

There were no 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



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

DVW/Lake of the Woods 10.10

Enclosures

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

NAME LAKE OF THE WOODS WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 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 [] ***

JEFFE

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

FROM

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) 00300 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****		7	*****	*****	(19)	0	0/31	GR
	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		ONCE / MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****		6.3	*****	*****	(12)	0	0/31	GR
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		ONCE / MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	(26)	*****	*****	*****	(19)	0	0/31	CP
	PERMIT REQUIREMENT	11.0	22.0	LBS/DY	*****	30	60	MG/L		ONCE / MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	(26)	*****	*****	*****	(19)	1	0/31	CP
	PERMIT REQUIREMENT	1.47	2.94	LBS/DY	*****	4	8	MG/L		ONCE / MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****		*****	*****	*****	(19)	1	0/31	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		ONCE / MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	(03)	*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		WEEK - DAYS	INSTAN
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****		*****	*****	*****	(19)	0	0/31	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		ONCE / MONTH	GRAB

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.

Signature of Principal Executive Officer or Authorized Agent
Dwayne V. Wright

TELEPHONE: 502 5406000
DATE: 10 11 22
AREA CODE: 502
NUMBER: 5406000
YEAR: 10
MO: 11
DAY: 22

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

NAME LAKE OF THE WOODS WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY LAKE OF THE WOODS WQTC MSD
LOCATION LOUISVILLE KY 40299
ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0044342
PERMIT NUMBER

001 2
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	10	01		10	10	31

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4	4	(13)	0	0/31	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEG	400 7 DA GEG	100ML		ONCE / MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.4 ^{0.1W} 2.3	2.4 ^{0.1W} 2.3	(26)	*****	6	6	(19)	0	0/31	CP
	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE / MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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Dwaine V. Wright
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540 6000
DATE 10 11 22
AREA CODE NUMBER YEAR MO DAY

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

Lake of the Woods		Report for			Oct-10		Tot. Exc.=		0		
Tot. Flow=		1.085		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
10/1/10	0.023										
10/2/10	0.024										
10/3/10	0.025										
10/4/10	0.026										
10/5/10	0.026										
10/6/10	0.026										
10/7/10	0.025										
10/8/10	0.025										
10/9/10	0.025										
10/10/10	0.027										
10/11/10	0.027										
10/12/10	0.026										
10/13/10	0.037										
10/14/10	0.047	9	6	4	4	3.528	2.352	1.568			
10/15/10	0.039										
10/16/10	0.037										
10/17/10	0.039										
10/18/10	0.039										
10/19/10	0.031										
10/20/10	0.035										
10/21/10	0.037										
10/22/10	0.037										
10/23/10	0.037										
10/24/10	0.039										
10/25/10	0.039										
10/26/10	0.06										
10/27/10	0.064										
10/28/10	0.047										
10/29/10	0.038										
10/30/10	0.038										
10/31/10	0.04										
Average	0.035	9.00	6.00	4.00	4.00	3.53	2.35	1.57	0.00		
Maximum	0.064	9.00	6.00	4.00	4.00	3.53	2.35	1.57	0.00		