



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

January 24, 2011

Ms. Crystal Thompson
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 –December 2010

Dear Ms. Thompson:

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 December 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 black ink, appearing to read "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Lake of the Woods 12.10

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 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 40297
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0044342
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

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

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)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	(1)	0	0/31	GR		
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	INST MIN		ONCE/MONTH	GRAD		
EFFLUENT GROSS VALUE								MG/L					
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	*****	(12)	0	0/31	GR		
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	MINIMUM		ONCE/MONTH	GRAD		
EFFLUENT GROSS VALUE				*****				SU					
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.8	1.8	(26)	*****	10	10	(19)	0	0/31	CP		
00500 1 0 0	PERMIT REQUIREMENT	11.0	22.0	*****	*****	30	60	30DA AVG		ONCE/MONTH	COMPLIS		
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L					
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1.01	1.01	(26)	*****	6	6	(19)	0	0/31	CP		
00610 1 0 0	PERMIT REQUIREMENT	3.67	7.34	*****	*****	10	20	30DA AVG		ONCE/MONTH	COMPLIS		
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L					
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.2	2.2	(19)	0	0/31	CP		
00660 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG AVG		ONCE/MONTH	COMPLIS		
EFFLUENT GROSS VALUE				*****		MG AVG	DAILY MX	MG/L					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.035	0.116	(03)	*****	*****	*****		0	CN	CN		
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		ONCE/MONTH	COMPLIS		
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD									
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	0/31	GR		
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.014	30DA AVG		ONCE/MONTH	GRAD		
EFFLUENT GROSS VALUE				*****		30DA AVG	DAILY MX	MG/L					
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. SCHARDEIN, JR. EXECUTIVE DIRECTOR						502 5406000		11	01	27			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			YEAR	MO	DAY

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

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

NAME LAKE OF THE WOODS WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 5405 CEDAR CREEK RD
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 LOCATION LOUISVILLE KY 40277
 ATTN DENNIS THOMASSEN, SR METRO OPS

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

KY0044342
 PERMIT NUMBER

001 2
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MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1 ☐ ***

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
10	12	01	10	12	31

FROM

TO

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	32	32	(13)	0	0/31	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/ 100ML		ONCE / MONTH	
BOD, CARBONACEOUS 5 DAY, 20C 90082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.5	1.5	(26)	*****	8	8	(19)	0	0/31	CP
	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		ONCE / MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

502.540.6000 11 01 27
 AREA CODE NUMBER YEAR MO DAY

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

Lake of the Woods		Report for	Dec-10		Tot. Exc.=		0		
Tot. Flow=	1.097		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
12/1/10	0.116								
12/2/10	0.072								
12/3/10	0.057								
12/4/10	0.045								
12/5/10	0.042								
12/6/10	0.055								
12/7/10	0.05								
12/8/10	0.021								
12/9/10	0.022	10	8	5.5	32	1.835	1.468	1.009	2.2
12/10/10	0.021								
12/11/10	0.023								
12/12/10	0.039								
12/13/10	0.036								
12/14/10	0.029								
12/15/10	0.02								
12/16/10	0.03								
12/17/10	0.03								
12/18/10	0.023								
12/19/10	0.027								
12/20/10	0.027								
12/21/10	0.028								
12/22/10	0.029								
12/23/10	0.027								
12/24/10	0.026								
12/25/10	0.027								
12/26/10	0.023								
12/27/10	0.023								
12/28/10	0.023								
12/29/10	0.023								
12/30/10	0.041								
12/31/10	0.042								
Average	0.035	10.00	8.00	5.50	32.00	1.83	1.47	1.01	2.20
Maximum	0.116	10.00	8.00	5.50	32.00	1.83	1.47	1.01	2.20