



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

December 18, 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 –November 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 November 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, reading "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Lake of the Woods 11.10

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

840S CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY LAKE OF THE WOODS WQTC MSD

LOCATION LOUISVILLE

KY 40299

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 1 ***

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		10	*****	*****	(17)	0	0/30	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****				
EFFLUENT GROSS VALUE				****	INST MIN			MG/L		ONCE / MONTH	
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	*****	(12)	0	0/30	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0				
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU		ONCE / MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4.2	4.2	(26)	*****	13	13	(19)	0	0/30	CP
00500 1 0 0	PERMIT REQUIREMENT	11.0	22.0		*****	30	60				
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		ONCE / MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1.14	1.14	(26)	*****	4	4	(19)	0	0/30	CP
00610 1 2 0	PERMIT REQUIREMENT	3.67	7.34		*****	10	20				
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		ONCE / MONTH	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.6	2.6	(19)	0	0/30	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT				
EFFLUENT GROSS VALUE				****		MG AVG	DAILY MX	MG/L		ONCE / MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.060	0.195	(03)	*****	*****	*****		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEK / DAYS	LBS / MIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	0/30	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017				
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L		ONCE / MONTH	
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			
1-H. J. SCHARDER, JR.						502 5406000		10	12	22	
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
 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 10/1/00 ***

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	11	01		10	11	30

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	*****	*****		*****	1	1	(13)	0	0/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 7 DA GED	100ML		ONCE / MONTH	
BOD, CARBONACEOUS 5 DAY, ZOC 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.9	3.9	(26)	*****	12	12	(17)	0	0/30	CP
	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE / MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SCHARDER, JR.
 EXRC. DIR
 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
 Duane V. Wright

TELEPHONE 502 540 6000
 DATE 10 12 27
 AREA CODE NUMBER YEAR MO DAY

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

Lake of the Woods		Report for	Nov-10		Tot. Exc.=		0		
Tot. Flow=	1.864		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
11/1/10	0.041								
11/2/10	0.038								
11/3/10	0.039								
11/4/10	0.038								
11/5/10	0.038								
11/6/10	0.04								
11/7/10	0.042								
11/8/10	0.039								
11/9/10	0.039	13	12	3.5	1	4.228	3.903	1.138	2.6
11/10/10	0.038								
11/11/10	0.04								
11/12/10	0.039								
11/13/10	0.046								
11/14/10	0.046								
11/15/10	0.043								
11/16/10	0.064								
11/17/10	0.083								
11/18/10	0.058								
11/19/10	0.046								
11/20/10	0.043								
11/21/10	0.045								
11/22/10	0.046								
11/23/10	0.074								
11/24/10	0.073								
11/25/10	0.132								
11/26/10	0.195								
11/27/10	0.087								
11/28/10	0.054								
11/29/10	0.054								
11/30/10	0.144								
Average	0.060	13.00	12.00	3.50	1.00	4.23	3.90	1.14	2.60
Maximum	0.195	13.00	12.00	3.50	1.00	4.23	3.90	1.14	2.60