



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

March 15, 2010

Ms. Carolena Bentley, DMR Coordinator  
Kentucky Division of Water  
200 Fair Oaks Lane, 4<sup>th</sup> Floor  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations**  
**Lake of the Woods WQTC; KPDES No.: KY0044342**  
**Discharge Monitoring Reports –February 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 February 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 02.10

Enclosures

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



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

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	02	01	TO	10	02	28

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	02/28	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	7	*****	*****	MG/L		ONCE/MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	6.9	*****	7.0	( 12)	0	02/28	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	6.0	*****	9.0	SU		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	*****	*****	( 25)	*****	*****	12	12	( 19)	0	01/28	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30	60	MG/L		ONCE/MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	*****	*****	( 25)	*****	*****	5	5	( 19)	0	01/28	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10	20	MG/L		ONCE/MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	2.0	2.0	( 19)	0	01/28	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	*****	*****	*****	*****	*****	*****	*****	*****		WEEK-DAYS	INSTANT
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	2	2	( 13)	0	01/28	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200	400	#/100ML		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  
*Duane V. Knight*

TELEPHONE DATE  
502 540 6000 10 03 17  
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 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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	02	01	TO	10	02	28

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE ( ) \*\*\*

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			
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE		1.5	1.5	( 26)	*****	7	7	( 17)	0	0/28	CP
	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

TELEPHONE 502 540-6000  
DATE 10 03 17  
AREA CODE NUMBER YEAR MO DAY

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

Lake of the Woods		Report for	Feb-10		Tot. Exc.=		0			
Tot. Flow=		1.186	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
2/1/10	0.026									
2/2/10	0.025	12	7	4.65	2	2.502	1.460	0.970	1.98	
2/3/10	0.025									
2/4/10	0.024									
2/5/10	0.063									
2/6/10	0.108									
2/7/10	0.063									
2/8/10	0.044									
2/9/10	0.046									
2/10/10	0.047									
2/11/10	0.03									
2/12/10	0.031									
2/13/10	0.031									
2/14/10	0.03									
2/15/10	0.03									
2/16/10	0.03									
2/17/10	0.026									
2/18/10	0.027									
2/19/10	0.037									
2/20/10	0.027									
2/21/10	0.051									
2/22/10	0.062									
2/23/10	0.046									
2/24/10	0.035									
2/25/10	0.031									
2/26/10	0.028									
2/27/10	0.021									
2/28/10	0.027									
Average	0.038	12.00	7.00	4.65	2.00	2.50	1.46	0.97	1.98	
Maximum	0.108	12.00	7.00	4.65	2.00	2.50	1.46	0.97	1.98	