



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

May 18, 2011

Ms. Cheryl Edwards
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 – April 2011

Dear Ms. Edwards:

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 April 2011.

There were no exceedences, bypass 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 4.11

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
5405 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)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO:	DAY	TO	YEAR	MO:	DAY

FROM

TO

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 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				7				0	0/30	GR
00300 1 0 0	PERMIT REQUIREMENT			***	INST MIN			MG/L		MONTH	
EFFLUENT GROSS VALUE				***							
PH	SAMPLE MEASUREMENT				6.7		6.7		0	0/30	GR
00400 1 0 0	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	SU		MONTH	
EFFLUENT GROSS VALUE				***							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	8.7	11.6			19	21		0	0/30	CP
00500 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
EFFLUENT GROSS VALUE											
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.55	0.55			1	1		0	0/30	CP
00610 1 2 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
EFFLUENT GROSS VALUE											
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT					1.5	1.5		0	0/30	CP
00665 1 0 0	PERMIT REQUIREMENT			***		MD AVG	DAILY MX	MG/L		MONTH	
EFFLUENT GROSS VALUE				***							
FEED, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.066	0.157						0	CN	CN
00050 1 0 0	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD				***		DAYS	
EFFLUENT GROSS VALUE								***			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT					<0.010	<0.010		0	0/30	GR
00060 1 0 0	PERMIT REQUIREMENT			***		30DA AVG	DAILY MX	MG/L		MONTH	
EFFLUENT GROSS VALUE				***							

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

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)

WQTC
PERMIT NUMBER

001 E
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
GENERAL	SAMPLE MEASUREMENT					1	1	(10)	0	0/30	GR
74055 1 0 0	PERMIT REQUIREMENT			***		30DA GED	7 DA GED	100ML		MONTH	
EFFLUENT GROSS VALUE				***							
200 CARBORANES	SAMPLE MEASUREMENT	2.8	2.8	LBS/DY		5	5	(17)	0	0/30	CD
05 DAY, ZOC	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
80082 1 0 0											
EFFLUENT GROSS VALUE											
	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

A. J. SCHARDIN, 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 05 23

AREA CODE NUMBER

YEAR MO DAY

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

Lake of the Woods		Report for		Apr-11		Tot. Exc.=		0	
Tot. Flow=		2.042		Concentrations				Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
4/1/11	0.023								
4/2/11	0.025								
4/3/11	0.018								
4/4/11	0.059								
4/5/11	0.095								
4/6/11	0.046								
4/7/11	0.032								
4/8/11	0.025								
4/9/11	0.032								
4/10/11	0.045								
4/11/11	0.066	21	5	1	1	11.559	2.752	0.550	1.52
4/12/11	0.093								
4/13/11	0.085								
4/14/11	0.043								
4/15/11	0.038								
4/16/11	0.064								
4/17/11	0.053								
4/18/11	0.038								
4/19/11	0.03								
4/20/11	0.055								
4/21/11	0.041	17				5.813			
4/22/11	0.038								
4/23/11	0.138								
4/24/11	0.145								
4/25/11	0.157								
4/26/11	0.09								
4/27/11	0.153								
4/28/11	0.101								
4/29/11	0.092								
4/30/11	0.056								
Average	0.066	19.00	5.00	1.00	1.00	8.69	2.75	0.55	1.52
Maximum	0.157	21.00	5.00	1.00	1.00	11.56	2.75	0.55	1.52