



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

April 28, 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 – March 2011

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 March 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 black ink, appearing to read "Duane V. Wright", is written over a horizontal line.

Duane V. Wright
Process Supervisor Central Region

DVW/Lake of the Woods 3.11

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 40279

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 [] ***

NOTE: Read instructions before completing this form.

JEFFE

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	*****	*****		11	*****	*****	(19)		1/30	LR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		JUNE / MONTH	GRAB
EFFLUENT GROSS VALUE				****	INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.2	(12)		1/30	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	EU		JUNE / MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	9.8	20.6	(26)	*****	23	28	(19)		3/30	CP
00530 1 0 0	PERMIT REQUIREMENT	11.0	22.0	****	*****	30	30	MG/L		JUNE / MONTH	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	6.81	0.81	(26)	*****	1	1	(19)		1/30	CP
00610 1 2 0	PERMIT REQUIREMENT	3.67	7.34	****	*****	10	20	MG/L		JUNE / MONTH	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.4	1.4	(19)		1/30	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		JUNE / MONTH	COMPOS
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.058	0.224	(03)	*****	*****	*****			CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	****	*****	*****	*****	MG/L		NEAR DAYS	INST MAX
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	40.010	40.010	(19)		1/30	GR
50080 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L		JUNE / MONTH	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX				
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.				 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
H.J. Schurden, Jr. Exec. Director								507 540-1600		11 4 7.6	
TYPED OR PRINTED						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 E

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

JETTE

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	SAMPLE MEASUREMENT	*****	*****		*****			(137)		1/30	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		INCE / MONTH	GRND
EFFLUENT GROSS VALUE				****		30DA GEO	7 DA GEO	100ML			
BOD, CARBONACEOUS 05 DAY, ZOC	SAMPLE MEASUREMENT	6.6	6.6	(26)	*****	9	9	(19)		1/30	CP
B0082 1. 0 0	PERMIT REQUIREMENT	11.0	22.0		*****	30	60			INCE / MONTH	COMPLE
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LB5/DN		30DA AVG	DAILY MX	MG/L			
	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

H.J. Schurden, Jr.

Exec. 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

Dennis Thomasson

TELEPHONE

502 540-6000

AREA CODE NUMBER

DATE

11 4 26

YEAR MO DAY

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

Lake of the Woods		Report for	Mar-11		Tot. Exc.=		0		
Tot. Flow=		1.785		Concentrations		Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
3/1/11	0.104								
3/2/11	0.064								
3/3/11	0.046								
3/4/11	0.04								
3/5/11	0.074								
3/6/11	0.099								
3/7/11	0.065								
3/8/11	0.046								
3/9/11	0.224								
3/10/11	0.147								
3/11/11	0.07								
3/12/11	0.048								
3/13/11	0.036								
3/14/11	0.064								
3/15/11	0.088	28	9	1.1	1	20.550	6.605	0.807	1.41
3/16/11	0.073								
3/17/11	0.053								
3/18/11	0.047								
3/19/11	0.043								
3/20/11	0.035								
3/21/11	0.04								
3/22/11	0.033								
3/23/11	0.031								
3/24/11	0.033								
3/25/11	0.03								
3/26/11	0.028								
3/27/11	0.027								
3/28/11	0.025	21				4.379			
3/29/11	0.025	21				4.379			
3/30/11	0.024								
3/31/11	0.023								
Average	0.058	23.33	9.00	1.10	1.00	9.77	6.61	0.81	1.41
Maximum	0.224	28.00	9.00	1.10	1.00	20.55	6.61	0.81	1.41