



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

March 20, 2011

Ms. Crystal Thompson  
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 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 February 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 1.11

Enclosures

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



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

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

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE 1 \*\*\*

NOTE: Read Instructions before completing this form.

JETTE

FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	02	02		12	02	20

TO

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

NAME LAKE OF THE WOODS WGTG MSD

ADDRESS C/O CEDAR CREEK WGTG

5405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY LAKE OF THE WOODS WGTG MSD

LOCATION LOUISVILLE

KY 40299

ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0044342

001 2

PERMIT NUMBER

DISCHARGE NUMBER

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	*****	*****		9	*****	*****	( 19 )	0	08/28	
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		JULY	GRADE
EFFLUENT GROSS VALUE				****	INST MIN					MONTH	
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.6	( 12 )	0	01/28	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	9.0	BU		JULY	GRADE
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM			MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	9.3	9.6	( 25 )	*****	27	31	( 17 )	0	03/28	
00500 1 0 0	PERMIT REQUIREMENT	11.0	22.0		*****	30	50	MG/L		JULY	CONFLUENCE
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX			MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.75	0.75	( 25 )	*****	2	2	( 17 )	0	08/28	
00610 1 2 0	PERMIT REQUIREMENT	3.67	7.34		*****	10	20	MG/L		JULY	CONFLUENCE
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX			MONTH	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.2	2.2	( 17 )	0	08/28	
00660 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		JULY	CONFLUENCE
EFFLUENT GROSS VALUE				****		MG AVG	DAILY MX			MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.055	0.221	( 03 )	*****	*****	*****		D	CN	CN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEK	IND. MAX
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD						DAYS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 17 )	0	01/28	
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.01	0.01	MG/L		JULY	GRADE
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX			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			
H.J. SCHARDEIN, JR.											
EXECUTIVE DIRECTOR					502 540600			11 3 21			
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 WOTC MSD  
 ADDRESS C/O CEDAR CREEK WOTC  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY LAKE OF THE WOODS WOTC 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

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2011	02	01		2011	02	20

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	*****	*****		*****	2	2	( 13 )		0 1/28	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	6/		ONCE / MONTH	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.0	5.0	( 26 )	*****	12	12	( 19 )		0 1/28	CP
	PERMIT REQUIREMENT	11.0	22.0		*****	30	60			ONCE / MONTH	COMPOSITE
	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. 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

5025406000  
 AREA CODE NUMBER

11 3 21  
 YEAR MO DAY

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

Lake of the Woods		Report for	Feb-11		Tot. Exc.=		0		
Tot. Flow=	1.704		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
2/1/11	0.047								
2/2/11	0.084								
2/3/11	0.056								
2/4/11	0.044								
2/5/11	0.046								
2/6/11	0.048								
2/7/11	0.052								
2/8/11	0.05	23	12	1.8	2	9.591	5.004	0.751	2.19
2/9/11	0.05								
2/10/11	0.04								
2/11/11	0.037								
2/12/11	0.035								
2/13/11	0.037								
2/14/11	0.035								
2/15/11	0.033								
2/16/11	0.032								
2/17/11	0.029								
2/18/11	0.034								
2/19/11	0.033								
2/20/11	0.032								
2/21/11	0.036								
2/22/11	0.041								
2/23/11	0.035	31				9.049			
2/24/11	0.061								
2/25/11	0.221								
2/26/11	0.09								
2/27/11	0.064								
2/28/11	0.137								
3/1/11									
3/2/11									
3/3/11									
Average	0.055	27.00	12.00	1.80	2.00	9.32	5.00	0.75	2.19
Maximum	0.221	31.00	12.00	1.80	2.00	9.59	5.00	0.75	2.19