

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

July 19, 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 - June 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 June 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, rave V. Wright

Duane V. Wright

Process Supervisor Central Region

DVW/Lake of the Woods 6.11

Enclosures

cc:

C. Roth (DOW Louisville)

R. Shaw

T. Singleton

ADDRESS C/O CEDAR CRESK WOTC

2405 CEDAR CREEK RD. LOUISVILLE

KY 40E11 FACILITY LAKE OF THE WOODS WOTD MED

LOCATION LOUISVILLE 域文 再仍定學學

'ATTN: DENNIS THOMASSON, SA METAD DAS

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

PERMIT NUMBER

YEAR MO. DAY

FROM

DISCHARGE NUMBER

**MONITORING PERIOD** YEAR MO. DAY TO

Form Approved, OMB No. 2040-0004

MINUM (SUBR LV)

F - FINAL SAMITARY WASTEWATER

EFFLUENT

I BORAHORIO DK \*\*\* 40-19-61

NOTE: Read Instructions before completing this form.

					NOTE: Read Instructions before completing this form.							
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				140.	OF	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE	
dareme, blescres (DD)	SAMPLE MEASUREMENT	_ SERVICE X	क्षांक्षत्र संस्था		7				0	1/30	GR	
DOGGO I O O EFFLUENT GROSS VALUI	PERMIT REQUIREMENT	2 2 2 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	And the second of	· · · · · · · · · · · · · · · · · · ·	INST MIN		2. 7. 12 14 15 1	MGZL		MONTH	are a constant of the constant	
	SAMPLE MEASUREMENT	কি সিং জিলিজ সৈ জি	Section 2		6.3		6,8	to all reading 2	0	1/30	GR	
CO400 1 G G EFFLUENT GROSS VALUS	PERMIT REQUIREMENT			· 化安安 · 安安安安	MINIMUM		MAXIMU	7		MONTH		
SUEFENDED	SAMPLE MEASUREMENT	0.9	0,9	1 227		5	5		0	0/30	م خ	
DOSGO 1 C O EFFLUENT GROSS VALU	PERMIT REQUIREMENT	CODA AVG	CALLY NX	LBS/DY		SODA AVE	DAILY (	MOVE		MONTH		
TOTAL (AS N)	SAMPLE MEASUREMENT	0.26	0.26	و تساميند يا		2	2		0	0/30	CP	
CO610 : 1 0 EFFLUENT GROSS VALUI	PERMIT REQUIREMENT	SODA AVG	DAILY MX	LESIDA	V	CODA AVE	,	42 M@\F		MONTH		
CAS P	SAMPLE MEASUREMENT	8 8 8 8 X 4	28 28 V. F. 14 V.		1. 2. a. a. a. a. a.	1.4	1,4	7	0	01/30	صري	
DCA65 1 0 0 Effluent gross valus	PERMIT REQUIREMENT	52 34 34 34 34 34 34 34 34 34 34 34 34 34	The same of the sa	· 查查特		MO AVO	DAILY 3	AX MG/L		MONTH		
THRU TREATMENT PLAN	SAMPLE MEASUREMENT	0.031	0.125	Security Security (1)			and the second second		0	C/2		
SOCOO 1 O G EFFLUENT GROSS VALUX	PERMIT REQUIREMENT	200A AVG	INST MAX	ngo				****** ******		10478		
RESIDUAL	SAMPLE MEASUREMENT					20,010	40.010		0	1/30	JOK .	
SOOGO 1 O O EFFLUENT GROSS VALUX	PERMIT REQUIREMENT	24 - 24 - 4 - 24 - 3 - 24 - 3 - 3		· 计分类的		SODA AVO	DAZLY P			MONTH	<u> </u>	
prepare		under penalty of law that this document and all attachments were under my direction or supervision in accordance with a system designed							TELEPHONE		DATE	
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				SIGNATURE OF PRINCIPAL EXECUTIVE 502   5			102,540:	Lam	. 17 /	7 19		
TYPED OR PRINTED	I am owar including	I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.  LATIONS (Reference all attachments here)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			1 .	YEAR M		

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Form Approved. NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) LAKE OF THE WOODS WOTE HIS OMB No. 2040-0004 MINOR: ADDRESS C/O CEDAR CREEK WOTO (SUBR LV) بين والله فيده يبلغ بالمنزاسية فيده الارباط EACE CEDAR OREEK RD F - FINAL PERMIT NUMBER DISCHARGE NUMBER LOUISVILLE RY 40211 SANITARY WASTEWATER MONITORING PERIOD FACILITY LAKE OF THE WODDE WOTE MED EFFLUENT YEAR MO. DAY YEAR MO. LOCATION LOUISVILLE DAY~ NY AURPP \*\*\* NO DISCHARGE ! I \*\*\* FROM TO ATTN: DENNIS THOMASSON, SR METRO OPE NOTE: Read Instructions before completing this form. **PARAMETER** QUANTITY OR LOADING FREQUENCY NO. SAMPLE QUALITY OR CONCENTRATION EΧ TYPE **ANALYSIS** AVERAGE MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS CLALARING FELAL the per the tip the felt for and describe and describe SAMPLE 5 DENERAL **MEASUREMENT** 74055 1  $\overline{C}$ PERMIT EFFLUENT GROSS VALU 45. 15. 45. 7 DA GEO DODA GED 10011 REQUIREMENT CARBINGUEUUS SAMPLE OS DAY, ZOC MEASUREMENT SCOCE PERMIT BFFLUENT GROSS VALUE REQUIREMENT DAILY MX LSS/DY SODA AVG SVA ACCE DAILY MY MOZL SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

EXEC. DIR.

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

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

PERMIT
REQUIREMENT
SAMPLE
MEASUREMENT
PERMIT
REQUIREMENT

Lake of the	Woods	Report for	Jun-11		Tot. Exc.=	0	•		
Tot. Flow=	0.969	-	Concentra	ations			Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
6/1/11	0.018								
6/2/11	0.015								
6/3/11	0.02								
6/4/11	0.022								
6/5/11	0.027								
6/6/11	0.022								
6/7/11	0.022								
6/8/11	0.021	5	4	1.5	5	0.876	0.701	0.263	1.4
6/9/11	0.016								
6/10/11	0.016	İ							
6/11/11	0.018	<b>;</b>							
6/12/11	0.014								
6/13/11	0.011								
6/14/11	0.017	•							
6/15/11	0.028	3							
6/16/11	0.028	3							
6/17/11	0.011								
6/18/11	0.048	3							
6/19/11	0.052	2							
6/20/11	0.043	3							
6/21/11	0.037	7.							
6/22/11	0.049	9			•				
6/23/11	0.12	5							
6/24/11	0.05								
6/25/11	0.02								
6/26/11	0.03								
6/27/11	0.03	7							
6/28/11	0.03								
6/29/11	0.03								
6/30/11	0.03	3							4 75
Average	0.03		4.00	1.50		0.88		0.26	
Maximum	0.12	5 5.00	4.00	1.50	5.00	0.88	0.70	0.26	5 1.40