

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

August 16, 2011

Ms. Cheryl Edwards 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 - July 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 July 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,

Duane V. Wright

Process Supervisor Central Region

DVW/Lake of the Woods 7.11

Enclosures

cc:

C. Roth (DOW Louisville)

R. Shaw

T. Singleton

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) - Cars of the books weld Heb ADDRESS WAS DEBAR CAFEM WOTO

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

MONITORING PERIOD

TO

اين الشاقي والمنزلة الرياسية الإرامة PERMIT NUMBER

YEAR MO. DAY

FROM

14 14 145 DISCHARGE NUMBER

YEAR MO- DAY

MINER JEUMR LV) F - FINAL

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE : . . . . . .

Form Approved. OMB No. 2040-0004

PARAMETER		QUANTITY OR LOADING			NOTE: Read Instructions before				<del></del>	FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
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NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER I certify a	under penalty of law that th under my direction or supe	is document and all attachn	nents were	1	Sawaga i Agasa a Masa sana ya majak		TELEPHON	E	DA'	TF
H.J. S(HARDEIN, JK.	to assure submitte	that qualified personnel produced. Based on my inquiry of the persons directly responsible	operly gather and evaluate the mercen or persons who me	the information		114	· · / ·				
デメタミ・カノ R . TYPED OR PRINTED OMMENTS AND EXPLANATION OF	I am awa	n is, to the best of my knowle fre that there are significant the possibility of fine and is	edge and belief, true, accur: penaltics for submitting fal apprisonment for knowing y	ate, and complete,	SIGN	ATURE OF PRINCIPAL I		フレデリクン/ A NUMBER		2/ S YÉAR M	7 77 0 DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) Form Approved. NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) -೩೩೬೬ ರ೯ ಗಾಟಿ ಒಟಿಯಾದ ಇಲ್ಲಿಲಿ ಸೌಕರ DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 MINDE ADDRESS TO GEDAR GREEK WOTC **利率なり企业は予盟** (SUSE LV) J. J. 121 1955 CEPAR CHEEK GD F - TIMEL PERMIT NUMBER DISCHARGE NUMBER 1 DUISVILLE KY 40211 BARITARY MARTERATER MONITORING PERIOD FACILITY LARE OF THE ROODS WOTE HES EFFLUENT YEAR I MO-DAY LOCATION LIQUISVILLE YEAR MO. DAY 区V 40297 \*\*\* NO DISCHARGE | 1 1 \*\*\* FROM TO HTDY DOMES THOMASSON OF METRO OPS NOTE: Read Instructions before completing this form. PARAMETER QUANTITY OR LOADING FREQUENCY QUALITY OR CONCENTRATION NO. SAMPLE EX TYPE ANALYSIS **AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS Age Age with Age of the A 150 A 184 Market States SAMPLE GENERAL 10 MEASUREMENT TABB PERMIT EFFLUENT GROSS VALUE REQUIREMENT ينجيفه ويجزله بالأوامات COMA GET 100% りんとは はいるしゅうせき SAMPLE OS DAY MEASUREMENT H0089 PERMIT EFFLUENT GROSS VALUE REQUIREMENT BODA AVG DAILY MX LESZDY BODA AVO 3-67 SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were TELEPHONE prepared under my direction or supervision in accordance with a system designed DATE H.J. JOHNARDEW, JK. 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 EXEC. DIR.

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.

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

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

MO

502,5406000

AREA NUMBER

Lake of the Tot. Flow=	Woods 0.686	Report for	Jul-11		Tot. Exc.=	0			
Date	Flow	TSS	Concentr				Pounds		
7/1/11	0.04		BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
7/2/11	0.039		•						
7/3/11	0.039								
7/4/11	0.028								
7/ <del>4</del> /11 7/5/11					•				
7/6/11	0.027		4	0.95	10	0.676	0.901	0.214	1.78
7/0/11 7/7/11	0.019 0.016								
7/7/11	0.016			•					
7/9/11 7/9/11				**					
7/10/11	0.029								•
7/10/11	0.026								
7/11/11 7/12/11	0.018								
7/12/11 7/13/11	0.026								
7/13/11 7/14/11	0.04				•				
7/1 <del>4</del> /11 7/15/11	0.025								
	0.021								
7/16/11	0.02								
7/17/11	0.02								
7/18/11	0.021								
7/19/11	0.02	,							
7/20/11	0.034	•						•	
7/21/11	0.02				-				
7/22/11	0.02								•
7/23/11	0.015								
7/24/11	0.012								
7/25/11	0.017								
7/26/11	0.013								
7/27/11	0.014					·			
7/28/11	0.015								
7/29/11	0.009								
7/30/11	0.012								
7/31/11	0.012	<del></del>	- 4	·					
Average	0.022.	.3.00	4.00	0.95	10.00	0.68	0.90	0,21	1.78
Maximum	0.040	3.00	4.00	0.95	10.00	0.68	0.90	0.21	1.78
							3.00	0.21	1,10