



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

September 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 – August 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 August 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 8.11

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 : NAME OF THE GOODS WAYS (PVT)

ADDRESS 140 CEDAR CREEK WGTG
 140 CEDAR CREEK RD
 LOUISVILLE KY 40211
FACILITY LAKE OF THE WOODS WGTG REG
LOCATION LOUISVILLE KY 40299
ATTN DENNIS THOMASSON, SR MGRD OPS

第 2 章 第 1 节 第 1 段

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO.	DAY	TO
	1964	04	04	

YEAR	MO.	DAY
1968	12	17

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

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

NAME LAKE OF THE WOODS WWTG MSD

ADDRESS 670 CEDAR CREEK WGTG

NAME CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY LAKE OF THE WOODS WWTG MSD

LOCATION LOUISVILLE

KY 40299

ATTN: DENNIS THOMPSON SR METRO OPS

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

KY0044242
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR

(SUBR LV)

9 - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM 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			
COLIFORM, FOCAL	SAMPLE MEASUREMENT	*****	*****			143	143		0	1/31	GR
GENERAL	PERMIT REQUIREMENT	*****	*****	***							
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML		MONTH	
30D, 7 DA INATEOUS	SAMPLE MEASUREMENT	2.9	2.9	1.00		9	9		0	1/31	CP
30D, 7 DA INATEOUS	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LB5/DY		30DA AVG	DAILY MX	MG/L		MONTH	
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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. SCHARDEW, JR.

EXEC. DIR.

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 Thompson

TELEPHONE

502 540 6000

DATE

11 9 23

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

Lake of the Woods		Report for	Aug-11		Tot. Exc.=		0		
Tot. Flow=	1.065		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
8/1/11	0.012								
8/2/11	0.015								
8/3/11	0.012								
8/4/11	0.025								
8/5/11	0.025								
8/6/11	0.035								
8/7/11	0.065								
8/8/11	0.052								
8/9/11	0.039	4	9	1.1	143	1.301	2.927	0.358	2.61
8/10/11	0.038								
8/11/11	0.033								
8/12/11	0.024								
8/13/11	0.033								
8/14/11	0.045								
8/15/11	0.038								
8/16/11	0.034								
8/17/11	0.032								
8/18/11	0.031								
8/19/11	0.043								
8/20/11	0.038								
8/21/11	0.036								
8/22/11	0.031								
8/23/11	0.035								
8/24/11	0.036								
8/25/11	0.038								
8/26/11	0.039								
8/27/11	0.042								
8/28/11	0.036								
8/29/11	0.036								
8/30/11	0.033								
8/31/11	0.034								
Average	0.034	4.00	9.00	1.10	143.00	1.30	2.93	0.36	2.61
Maximum	0.065	4.00	9.00	1.10	143.00	1.30	2.93	0.36	2.61