



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

November 15, 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 – October 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 October 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, reading "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Lake of the Woods 10.11

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 LAKE OF THE WOODS WGTG MSD

ADDRESS C/O CEDAR CREEK WGTG

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY LAKE OF THE WOODS WGTG 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

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004

JEFFERSON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	10	31		11	10	31

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	*****	*****		7	*****	*****	(17)	0	1/1	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		1/1	GR
EFFLUENT GROSS VALUE				***							
PH	SAMPLE MEASUREMENT	*****	*****		6.1	*****	7.3	(12)	0	1/1	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	SU		1/1	GR
EFFLUENT GROSS VALUE				***							
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.9	0.9	(25)	*****	3	3	(17)	0	1/31	CP
00530 1 0 0	PERMIT REQUIREMENT	11.0	22.0	LBS/DY	*****	30	50	MG/L		1/31	CP
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.54	0.54	(25)	*****	2	2	(17)	0	1/31	CP
00610 1 1 0	PERMIT REQUIREMENT	1.47	2.74	LBS/DY	*****	4	5	MG/L		1/31	CP
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.2	2.2	(17)	0	1/31	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L		1/31	CP
EFFLUENT GROSS VALUE				***		MD AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.034	0.086	(03)	*****	*****	*****		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***		1/1	GR
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				***			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	LO.010	LO.010	(17)	0	1/1	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.017	MG/L		1/1	GR
EFFLUENT GROSS VALUE				***		30DA AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H.J. SCHARDEIN, 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

TELEPHONE

DATE

502 540 6000

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

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LOUISVILLE

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DISCHARGE MONITORING REPORT (DMR)

KY0044342

PERMIT NUMBER

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(SUBR LV)

F - FINAL

SANITARY WASTEWATER

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*** NO DISCHARGE ***

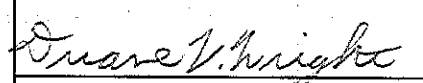
JEFFI

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
11	10	31		11	10	31

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	SAMPLE MEASUREMENT	*****	*****		*****	2	2	(15)	0	1/31	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	7/100ML		MONTH	
EFFLUENT GROSS VALUE				****		30DA GED	7 DA GED	100ML			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	1.5	1.5	(26)	*****	5	5	(17)	0	1/31	CD
80082 1 0 0	PERMIT REQUIREMENT	11.0	22.0		*****	30	50			MONTH	
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LB/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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. SCHAKOVICH, JR. EXEC. DIR. TYPED OR PRINTED			502.540.6000	11	11	21	
			AREA CODE	NUMBER	YEAR	MO	DAY

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

Lake of the Woods		Report for	Oct-11		Tot. Exc.=		0		
Tot. Flow=	1.056		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
10/1/11	0.034								
10/2/11	0.036								
10/3/11	0.037								
10/4/11	0.035								
10/5/11	0.035								
10/6/11	0.039								
10/7/11	0.041								
10/8/11	0.042								
10/9/11	0.036								
10/10/11	0.036	3	5	1.8	2	0.896	1.493	0.538	2.22
10/11/11	0.044								
10/12/11	0.035								
10/13/11	0.043								
10/14/11	0.044								
10/15/11	0.038								
10/16/11	0.035								
10/17/11	0.032								
10/18/11	0.030								
10/19/11	0.032								
10/20/11	0.019								
10/21/11	0.003								
10/22/11	0.003								
10/23/11	0.003								
10/24/11	0.016								
10/25/11	0.026								
10/26/11	0.032								
10/27/11	0.086								
10/28/11	0.057								
10/29/11	0.040								
10/30/11	0.035								
10/31/11	0.034								
Average	0.034	3.00	5.00	1.80	2.00	0.90	1.49	0.54	2.22
Maximum	0.086	3.00	5.00	1.80	2.00	0.90	1.49	0.54	2.22