



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

December 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 – November 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 November 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 11.11

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 WQTC MSD

ADDRESS C/O CEDAR CREEK WQTC

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY LAKE OF THE WOODS WQTC 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 ***

JEFF

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
OXYGEN, DISSOLVED (DO)	*****	*****			9	*****	*****		0	1/1	GR	
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN			MG/L		MONTH		
PH	*****	*****			6.0	*****	7.7		0	1/1	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM		MAXIMUM	50		MONTH		
SOLIDS, TOTAL SUSPENDED	*****	1.0	1.0	(LB)	*****	4	4		0	1/30	CP	
00520 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH		
NITROGEN, AMMONIA TOTAL (AS N)	*****	1.03 ^{DN} 0.46	1.03 ^{DN} 0.46	(LB)	*****	2	2		0	1/30	CP	
00510 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.07 30DA AVG	1.04 DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		MONTH		
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****		*****	2.4	2.4		0	1/30	CP	
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	MD AVG	DAILY MX	MG/L		MONTH		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.070	0.165	(MG)	*****				0	CN	CN	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****			***		DAYS		
CHLORINE, TOTAL RESIDUAL	*****	*****	*****		*****	40.010	40.010		0	1/1	GR	
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L		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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DATE			
11. J. SCHARDEIN, JR. Exec. DIR TYPED OR PRINTED					<i>Dennis Thomasson, Sr.</i>			5025406000	11 12 20			
								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

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY LAKE OF THE WOODS WQTC MSD

LOCATION LOUISVILLE

KY 40299

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0044342
PERMIT NUMBER

0012
DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY

FROM TO

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL		*****	*****		*****	1	1		0	1/30	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	300A GED	7 DA GED	100ML		MONTH	
BOD, CARBONACEOUS 5 DAY, 20C		1.3	7.3		*****	5	5		0	1/30	CP
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	300A AVG	DAILY MX	LBS/DY	*****	300A AVG	DAILY MX	MG/L		MONTH	
	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. STWARDEN, 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.

Dennis Thomasson
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540 3000
DATE 11 12 20
AREA CODE NUMBER YEAR MO DAY

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

Lake of the Woods		Report for	Nov-11			Tot. Exc.=	0			
Tot. Flow=		2.169		Concentrations			Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
11/1/11	0.031	4	5	1.8		1.029	1.286	0.463	2.36	
11/2/11	0.031				1					
11/3/11	0.141									
11/4/11	0.058									
11/5/11	0.046									
11/6/11	0.040									
11/7/11	0.035									
11/8/11	0.032									
11/9/11	0.032									
11/10/11	0.033									
11/11/11	0.032									
11/12/11	0.027									
11/13/11	0.029									
11/14/11	0.033									
11/15/11	0.100									
11/16/11	0.141									
11/17/11	0.090									
11/18/11	0.054									
11/19/11	0.043									
11/20/11	0.058									
11/21/11	0.093									
11/22/11	0.148									
11/23/11	0.113									
11/24/11	0.067									
11/25/11	0.050									
11/26/11	0.044									
11/27/11	0.074									
11/28/11	0.165									
11/29/11	0.161									
11/30/11	0.097									
12/1/11										
Average	0.070	4.00	5.00	1.80	1.00	1.03	1.29	0.46	2.36	
Maximum	0.165	4.00	5.00	1.80	1.00	1.03	1.29	0.46	2.36	