

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

February 22, 2011

Ms. Crystal Thompson Kentucky Division of Water 200 Fair Oaks Lane, 4th Floor Frankfort, Kentucky 40601

Re: MSD Metro Operations

Lake of the Woods WOTC; KPDES No.: KY0044342

Discharge Monitoring Reports -January 2011

Dear Ms. Thompson:

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 January 2011.

There were no bypasses or overflow reports.

There was one exceedence for monthly average Ammonia concentration which was attributable to low dissolved oxygen caused by ice covering the lagoon during cold temperatures. On January 12, 2011, in order to increase the dissolved oxygen level, we broke the ice on the top of the lagoon to. Additionally, to expedite nitrification, 10,000 gallons of activated sludge was added on January 14-15, 2011. Quality control testing on January 17, 2011, indicated that the plant was below the permitted limit for Ammonia. Unfortunately, the permitted sample on January 18, 2011, was again above the permissible limit. To address this, an additional 20,000 gallons of activated sludge was added to the lagoon, but quality control testing did not indicate that the plant was back in compliance until after February 1, 2011.

On February 8, 2011, testing determined that the permitted ammonia result was 1.8 mg/l. Nitrification has been established. The facility is now in compliance with Ammonia.

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 1.11

Enclosures

C. Roth (DOW Louisville) R. Shaw T. Singleton

LAKE OF THE WOODS WOTO MSD

ADDRESS C/B CEDAR CREEK WOTO

LOUISVILLE

MY 40E11

FACILITY LAKE OF THE WOODS WOTO MOD

8405 CEDAR CREEK RD

LOCATION LOUISVILLE KY 40277 FROM

YEAR

MO

KY0044342 **PERMIT NUMBER**

YEAR

MONITORING PERIOD

TO

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

201 2 DISCHARGE NUMBER

DAY

MO

(SUBR LV)

F - FINAL

JEFFE

Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

MINGR

*** NO DISCHARGE (

PARAMETER		QUAN'	TITY OR LOADING	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMI L	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
(DG) ME	SAMPLE ASUREMENT	****	****		13	****	****	** (15)	0	0/31	12R
00300 1 0 0 <u>Effluent gross</u> value r e	PERMIT EQUIREMENT	****	****	****	INST MIN	****	***	MG/L		JNCE? MONTH	SECONE.
PH ME	SAMPLE ASUREMENT	经存储存储器	经按证券的		2,6	*****	2.6	(12)	0	01/31	IAR
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BOLIDE, TOTAL	SAMPLE EASUREMENT	5,2	5.2	(26)	****	23	23	(19)	0	0/31	درح
DOSBO I G O <u>effluent gross value</u> Bi	PERMIT EQUIREMENT	11.0 30DA AVG	ZZ.O DAILY MX		*****	30 300A AVG	DAILY (MG/L		DNCE7 MONTH	<u>uuran</u> a
VITROGEN, AMMONIA TOTAL (AS N)	SAMPLE ASUREMENT	2.48	2.48	(26)	教育宗宗教教	11	11	(17)	1	0/31	در ے
20610 1 2 0 <u>Effluent Gross value</u> bi	PERMIT EQUIREMENT	3.57 300A AVG	DAILY MX	LBS/DY	外宗乔宗宗	10 30DA AVG	DAILY !	24.54		MONTE	GUMM (
PHOSPHORUS, TOTAL (AS P) ME	SAMPLE ASUREMENT	· 经金额条款	全部在客途在		· · · · · · · · · · · · · · · · · · ·	2.5	2.5	(19)	0	0/31	rip
20665 1 0 0 <u>effluent gross valuz ^{Ri}</u>	PERMIT EQUIREMENT	****	· 春春季春春春	·安京学 济水学学	******	REPORT MO AVO	REPOR DAILY 1	300 C C C	17.2 1 5.1 17.2 1 5.1 17.2 1 5.1 17.3 1 5.2 17.3 1 5.2	MONTH	SERVE
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50050 1 0 0 <u>Effluent gross value<mark>re</mark></u>	PERMIT EQUIREMENT	REPORT SODA AVG	REPORT INST MAX	MGD	****	李安本次李宗	***	* ****		DAYS	11,4011
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50060 1 0 0 <u>Effluent gross value</u> ri		******		******* ******	***	0.011 30DA AV9	O. O1' DAILY :	9445		MONTH	9885
NAME/TITLE PRINCIPAL EXECUTIVE OFF H.J. SCHARDEIN, JR. K. XERINIVE DIRRITO)	prepare to assur submitte or those submitte	under penalty of law that the d under my direction or sup- te that qualified personnel pro- ted. Based on my inquiry of the persons directly responsible and is, to the best of my knowled.	ervision in accordance with operly gather and evaluate to be person or persons who mander for gathering the information edge and belief, true, accur-	a system designed the information anage the system, on, the information ate, and complete.	n See	SIGNATURE OF PRINCIPAL EXECUTIVE					ATE Z Z8
TYPED OR PRINTED		are that there are significant g the possibility of fine and i				FICER OR AUTHORIZE		AREA NUMBER		 	AO DA

SEC COVER LETTER

LAKE OF THE WOODS WOTO MED

ADDRESS C/G CEDAR CREEK WOTO 8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY LAKE OF THE WOODS WOTO MED LOCATION LOUISVILLE

EPA Form 3320-1 (Rev. 3/99) Previous editions may be used,

XY 40279 ATTN: DENNIS THOMASSON, SK METRO DES NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

Am. 14

KY0044342 PERMIT NUMBER

MO

YEAR

FROM

001 Z DISCHARGE NUMBER

DAY

YEAR MO

MINOR (SUBR LV)

F - FINAL

JEFFE

Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
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	PERMIT REQUIREME	**************************************	· 安安市市市 ·	***	*******	200 20DA QEO	40 7 DA G	4. of 100		JAGE/ MONTH	GRAIS
CD, CARBONACEDUS DS DAY, 200	SAMPLE MEASUREM	2 (4	2.9	(26)	会会体验会会	/3	/3	(19)	0	0/31	CP
coes i c c	PERMIT REQUIREME	0.11 OVA AUS	DOILY MX	LB5/DY	*****	30 30DA AVG	31764 P. S.	MX MG/L		MONTH	C CHENT
	SAMPLE MEASUREM	ENT				No. 1	-				-
	PERMIT REQUIREME	:NT		-		Park Control of the C			1890 GC		
	SAMPLE MEASUREMI							***************************************			
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	SAMPLE MEASUREMI	ENT									
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	SAMPLE MEASUREMI	ENT			·						
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	PERMIT REQUIREME	NT			Service of the servic				1168 (Asy 126 (Asy 126 (Asy 126 (Asy		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. J S C H A R D と i ん , J R .		ertify under penalty of law that the epared under my direction or sup- assure that qualified personnel pro-	ervision in accordance with a	system designed				TELEPHON	1E	DA	TE
EXPENTIVE DIRECTO	SU SU	bmitted, Based on my inquiry of t those persons directly responsible bmitted is, to the best of my know	the person or persons who ma e for gathering the informatic dedge and belief, true, accura-	mage the system, on, the information te, and complete.		ATIBE OF PRINCIPAL	EXECUTIVE		ואמני)	11 2	28
TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY VIOL		am aware that there are significan cluding the possibility of fine and	imprisonment for knowing v	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA NUMBE			IO DAY	

Tot. Flow=	Woods	Report for	Jan-11		Tot. Exc.=	0	Violation			•	
Date	0.936 Flow	TSS	Concent				Pounds				
1/1/11	0.078	155	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
1/2/11	0.075										
1/3/11	0.065										
1/4/11	0.041										
1/5/11	0.029										
1/6/11	0.021	•									
1/7/11	0.021										
1/8/11	0.023										
1/9/11	0.024										
1/10/11	0.023										
1/11/11	0.024										
1/12/11	0.022										
1/13/11	0.018										
1/14/11	0.016										
1/15/11	0.019										
1/16/11	0.022										
1/17/11	0.023										
1/18/11	0.027	23	13	11	1	5.179	2.927	2.477	2.51		
1/19/11	0.04	_ -			•	0.110	2.321	Z. 4 77	2.51		
1/20/11	0.036										
1/21/11	0.033										
1/22/11	0.03										
1/23/11	0.026										
1/24/11	0.026										
1/25/11	0.027										
1/26/11	0.026										
1/27/11	0.023										
1/28/11	0.035										
1/29/11	0.037										
1/30/11	0.041										
1/31/11 Average	0.036 0.030										

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