



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

April 18, 2012

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 – March 2012**

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 March 2012.

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 3.12

Enclosures

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



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

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 DPS

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

KY0044342

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MINOR

(SUBV LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

JEFFE

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	*****	*****		8	*****	*****	(19)	0	1/1	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.5	(12)	0	1/1	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.4	3.4	(26)	*****	6	6	(19)	0	1/31	CP
00530 1 0 0	PERMIT REQUIREMENT	11.0	22.0		*****	30	60			ONCE/MONTH	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.62	0.62	(26)	*****	1	1	(19)	0	1/31	CP
00610 1 2 0	PERMIT REQUIREMENT	3.67	7.34		*****	10	20			ONCE/MONTH	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.5	2.5	(19)	0	1/31	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			ONCE/MONTH	COMPOS
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.062	0.167	(03)	*****	*****	*****		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		WEEK-DAYS	INSTANT
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	10.010	10.010	(19)	0	1/1	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
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.				TELEPHONE		DATE			
GREG C. HEITZMAN						502 540 6000		12 4 20			
INTERIM EXEC. DIR.											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			

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)

KY004434Z

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

Form Approved
OMB No. 2040-0004

JEFFI

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	1/31	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	#/ 100ML		ONCE/ MONTH	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.5	4.5	(28)	*****	8	8	(19)	0	1/31	CP
	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

GREG C. HERTZMAN

INTERIM 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 6000

AREA CODE

NUMBER

DATE

12 4 20

YEAR

MO

DAY

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

Lake of the Woods		Report for	Mar-12		Tot. Exc.=		0		
Tot. Flow=	1.914		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
3/1/12	0.052								
3/2/12	0.052								
3/3/12	0.052								
3/4/12	0.046								
3/5/12	0.052								
3/6/12	0.055								
3/7/12	0.056								
3/8/12	0.067	6	8	1.1		3.374	4.499	0.619	2.47
3/9/12	0.089				1				
3/10/12	0.068								
3/11/12	0.052								
3/12/12	0.053								
3/13/12	0.052								
3/14/12	0.046								
3/15/12	0.056								
3/16/12	0.167								
3/17/12	0.103								
3/18/12	0.140								
3/19/12	0.090								
3/20/12	0.056								
3/21/12	0.045								
3/22/12	0.039								
3/23/12	0.056								
3/24/12	0.081								
3/25/12	0.060								
3/26/12	0.048								
3/27/12	0.038								
3/28/12	0.038								
3/29/12	0.035								
3/30/12	0.033								
3/31/12	0.036								
Average	0.062	6.00	8.00	1.10	1.00	3.37	4.50	0.62	2.47
Maximum	0.167	6.00	8.00	1.10	1.00	3.37	4.50	0.62	2.47