MSD
Metropolitan Sewer District

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

July 12, 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 – June 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 June 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,

Duane V. Wright
Process Supervisor Central Region

DVW/Lake of the Woods 6.12

Enclosures

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

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 DPS

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

Form Approved.
OMB No. 2040-0004

KY0044342	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFFE

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	06	01	TO	12	06	30

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		7	******	******	(19)	0	1/1	GR
00300 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	7 INST MIN	******	******	MG/L		ONCE/ MONTH	GRAB
PH	SAMPLE MEASUREMENT	******	******		6.8	******	7.3	(12)	0	1/1	GR
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.3	1.3	(26)	******	5	5	(19)	0	1/30	CP
00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	11.0 30DA AVG	22.0 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.18	0.18	(26)	******	0.7	0.7	(19)	0	1/30	CP
00610 1 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	1.47 30DA AVG	2.94 DAILY MX	LBS/DY	******	4 30DA AVG	8 DAILY MX	MG/L		ONCE/ MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	2.3	2.3	(19)	0	1/30	CP
00665 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.036	0.093	(03)	******	******	******		0	CN	CN
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****		WEEK-DAYS	INSTAN
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010	(19)	0	1/1	GR
50060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	******	******	**** ****	******	0.011 30DA AVG	0.019 DAILY MX	MG/L		ONCE/ MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
GREG C. HEITZMAN	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.	Duane Vincent	502	5406000	12	7	23
INTERIM EX DIR.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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)*

Form Approved.
OMB No. 2040-0004

KY0044342	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFFS

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	09	01	TO	12	09	30

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 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	******	******		******	7	7	(13.	0	1/30	GR
	PERMIT REQUIREMENT	******	******	**** ****	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		ONCE/ MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	1.3	1.3	(25)	******	5	5	(17.	0	1/30	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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
GREG C. HEITZMAN INTERIM EX. 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.	Duane V. Wright SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 502	NUMBER 540-6000	YEAR 12	MO 7	DAY 23

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

Lake of the Woods Report for **Jun-01** Tot. Exc.= 0

Tot. Flow=	1.130	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
6/1/01	0.092								
6/2/01	0.062								
6/3/01	0.047								
6/4/01	0.040								
6/5/01	0.036								
6/6/01	0.034								
6/7/01	0.030								
6/8/01	0.027								
6/9/01	0.025								
6/10/01	0.024								
6/11/01	0.032	5	5	0.67		1.33	1.33	0.18	2.32
6/12/01	0.029				7				
6/13/01	0.026								
6/14/01	0.022								
6/15/01	0.023								
6/16/01	0.068								
6/17/01	0.093								
6/18/01	0.071								
6/19/01	0.046								
6/20/01	0.034								
6/21/01	0.026								
6/22/01	0.019								
6/23/01	0.023								
6/24/01	0.026								
6/25/01	0.024								
6/26/01	0.022								
6/27/01	0.022								
6/28/01	0.023								
6/29/01	0.024								
6/30/01	0.024								
7/1/01									
Average	0.036	5.00	5.00	0.67	7.00	1.33	1.33	0.18	2.32
Maximum	0.093	5.00	5.00	0.67	7.00	1.33	1.33	0.18	2.32