



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

June 12, 2012

Ms. Cheryl Edwards  
Kentucky Division of Water  
200 Fair Oaks Lane, 4<sup>th</sup> Floor  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations**  
**Lake of the Woods WQTC; KPDES No.: KY0044342**  
**Discharge Monitoring Reports – May 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 May 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 5.12

Enclosures

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



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

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

MINOR  
(SUBR LV)  
P - FINAL

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE 1 \*\*\*

NOTE: Read Instructions before completing this form.

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

KY0044342

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

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	*****	*****	1	0	1/1	GR
00300 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		ONCE / MONTH	
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.4	12	0	1/1	GR
00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	*****	50		ONCE / MONTH	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.6	0.6	( 20 )	*****	2	2	17	0	1/31	CP
00500 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	11.0 30DA AVG	20.0 DAILY MX	LBS/D	*****	30 30DA AVG	50 DAILY MX	MG/L		ONCE / MONTH	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1.17	1.17	( 20 )	*****	4	4	17	0	1/31	CP
00610 1 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	1.47 30DA AVG	2.74 DAILY MX	LBS/D	*****	4 30DA AVG	5 DAILY MX	MG/L		ONCE / MONTH	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.8	2.8	17	0	1/31	CP
00625 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.041	0.103	( 0.1 )	*****	*****	*****		0	CN	CN
00050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		WEEKLY DAYS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	20.010	20.010	17	0	1/1	GR
00060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	0.010 30DA AVG	0.017 DAILY MX	MG/L		ONCE / 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.				TELEPHONE		DATE			
GREG CHERTZMAN INTERIM EXEC DIR TYPED OR PRINTED						502 5406000		12 6 15			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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 THOMASSEN, SR METRO OPS

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

KY0044342

PERMIT NUMBER

001 2

DISCHARGE NUMBER

KIND

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

Form Approved.  
OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

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	*****	*****		*****	42	42	1.33	0	1/31	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	3000	3000	#/100ML		1/31	GR
EFFLUENT GROSS VALU				****		3000	3000	100ML		1/31	GR
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	1.5	1.5	1.20	*****	5	5	1.20	0	1/31	CP
80082 1 0 0	PERMIT REQUIREMENT	1.5	1.5	1.20	*****	5	5	1.20		1/31	CP
EFFLUENT GROSS VALU		3000 AVG	DAILY MX	LBS/D		3000 AVG	DAILY MX	MG/L		1/31	CP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

GREG C. HEITZMAN

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.

TELEPHONE

DATE

12 6 15

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

*Dennis Thomassen*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

502 540 6000 12 6 15

Lake of the Woods		Report for	May-12		Tot. Exc.=		0			
Tot. Flow=		1.285		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
5/1/12	0.090									
5/2/12	0.056									
5/3/12	0.040									
5/4/12	0.036									
5/5/12	0.103									
5/6/12	0.072									
5/7/12	0.047									
5/8/12	0.035	2	5	4		0.59	1.46	1.17	2.78	
5/9/12	0.029				42					
5/10/12	0.026									
5/11/12	0.026									
5/12/12	0.027									
5/13/12	0.040									
5/14/12	0.026									
5/15/12	0.068									
5/16/12	0.045									
5/17/12	0.036									
5/18/12	0.028									
5/19/12	0.028									
5/20/12	0.030									
5/21/12	0.033									
5/22/12	0.029									
5/23/12	0.028									
5/24/12	0.027									
5/25/12	0.027									
5/26/12	0.024									
5/27/12	0.023									
5/28/12	0.029									
5/29/12	0.067									
5/30/12	0.064									
5/31/12	0.046									
Average	0.041	2.00	5.00	4.00	42.00	0.59	1.46	1.17	2.78	
Maximum	0.103	2.00	5.00	4.00	42.00	0.59	1.46	1.17	2.78	