



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

January 16, 2013

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 – December 2012

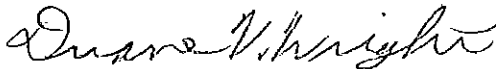
Dear Ms. Edwards:

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 December 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 12.12

Enclosures

cc: R. Shaw
T. Singleton



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

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

Form Approved
OMB No. 2040-0064

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211
FACILITY: LAKE OF THE WOODS WQTC MSD
LOCATION: 11006 WALBRIDGE CT
LOUISVILLE, KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0044342
PERMIT NUMBER

001-2
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

MONITORING PERIOD			
MM/DD/YYYY			MM/DD/YYYY
12/01/2012		FROM	TO 12/31/2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****		0	1/1	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	9		0	1/1	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1	1		*****	5	5		0	1/31	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	11 30DA AVG	22 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Monthly	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.38	0.38		*****	2	2		0	1/31	CP
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	3.67 30DA AVG	7.34 DAILY MX	lb/d	*****	10 30DA AVG	20 DAILY MX	mg/L		Monthly	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.7	1.7		0	1/31	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.045	0.123		*****	*****	*****	*****	0	CN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Weekdays	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		0	1/1	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Monthly	GRAB

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 Heitzman, Exec. Dir.		(502) 540-6000	1/17/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		MM/DD/YYYY	

Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211
FACILITY: LAKE OF THE WOODS WQTC MSD
LOCATION: 11006 WALBRIDGE CT
LOUISVILLE, KY 40299
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0044342
PERMIT NUMBER

001-2
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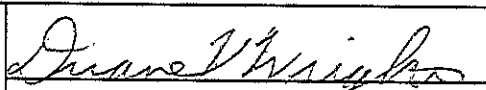
DMR Mailing ZIP CODE: 40211

MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	12/01/2012	TO	12/31/2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2		0	1/31	gr
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Monthly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1	1		*****	4	4		0	1/31	cp
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	11 30DA AVG	22 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Monthly	COMPOS

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TYPED OR PRINTED			AREA Code	NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

Lake of the Woods		Report for	Dec-12		Tot. Exc.=		0		
Tot. Flow=	1.402		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
12/1/12	0.020								
12/2/12	0.024								
12/3/12	0.024								
12/4/12	0.028								
12/5/12	0.038								
12/6/12	0.025								
12/7/12	0.088								
12/8/12	0.123								
12/9/12	0.086								
12/10/12	0.099								
12/11/12	0.056								
12/12/12	0.039								
12/13/12	0.030	5	4	1.50		1.27	1.01	0.38	1.74
12/14/12	0.027				2				
12/15/12	0.028								
12/16/12	0.031								
12/17/12	0.034								
12/18/12	0.039								
12/19/12	0.031								
12/20/12	0.046								
12/21/12	0.050								
12/22/12	0.035								
12/23/12	0.030								
12/24/12	0.028								
12/25/12	0.025								
12/26/12	0.066								
12/27/12	0.060								
12/28/12	0.039								
12/29/12	0.040								
12/30/12	0.047								
12/31/12	0.065								
Average	0.045	5.00	4.00	1.50	2.00	1.27	1.01	0.38	1.74
Maximum	0.123	5.00	4.00	1.50	2.00	1.27	1.01	0.38	1.74