



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

February 16, 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 – January 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 January 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 that reads "Duane V. Wright".

Duane V. Wright
Process Supervisor Central Region

DVW/Lake of the Woods 1.12

Enclosures

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



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

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		001 2	
PERMIT NUMBER		DISCHARGE NUMBER	

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	01	01		12	01	21

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE 1 ***
 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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		9	*****	*****	(19)	0	1/1	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	MG/L		ONCE/MONTH	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.6	(12)	0	1/1	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	8.0 MINIMUM	*****	9.0 MAXIMUM	SD		ONCE/MONTH	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	1.1	1.1	(20)	*****	4	4	(19)	0	1/31	CP
00530 1 0 0 EFFLUENT GROSS VALUE	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	1.39	1.39	(20)	*****	5	5	(19)	0	1/31	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.67 30DA AVG	7.34 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		ONCE/MONTH	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.0	2.0	(19)	0	1/31	CP
00645 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.052	0.138	(03)	*****	*****	*****		0	CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		WEEK-DAYS	INSTANT
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/1	GR
50040 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		ONCE/MONTH	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 INTERIM EXEC DIR						502 540 6000		12 2 18			
TYPED OR PRINTED		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 THOMASSON, SR METRO OPS

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

KY0044342

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1-1-1 ***

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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	1/31	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		ONCE/	GRAB
EFFLUENT GROSS VALUE				****		30DA GEC	7 DA GEC	100ML		MONTH	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	2.5	2.5	(25)	*****	9	9	(19)	0	1/31	CP
30082 1 0 0	PERMIT REQUIREMENT	11.0	22.0		*****	30	60			ONCE/	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		MONTH	
	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

GREG 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

502 540 6000 12 2 18

AREA CODE NUMBER YEAR MO DAY

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

Lake of the Woods		Report for	Jan-12		Tot. Exc.=		0		
Tot. Flow=		1.621	Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
1/1/12	0.041								
1/2/12	0.034								
1/3/12	0.033								
1/4/12	0.025								
1/5/12	0.025								
1/6/12	0.028								
1/7/12	0.033								
1/8/12	0.036								
1/9/12	0.033	4	9	5.1		1.087	2.445	1.386	1.98
1/10/12	0.028				1				
1/11/12	0.066								
1/12/12	0.083								
1/13/12	0.065								
1/14/12	0.053								
1/15/12	0.047								
1/16/12	0.046								
1/17/12	0.061								
1/18/12	0.066								
1/19/12	0.053								
1/20/12	0.046								
1/21/12	0.041								
1/22/12	0.039								
1/23/12	0.074								
1/24/12	0.063								
1/25/12	0.049								
1/26/12	0.082								
1/27/12	0.138								
1/28/12	0.080								
1/29/12	0.062								
1/30/12	0.049								
1/31/12	0.042								
Average	0.052	4.00	9.00	5.10	1.00	1.09	2.45	1.39	1.98
Maximum	0.138	4.00	9.00	5.10	1.00	1.09	2.45	1.39	1.98