



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

May 9, 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 – April 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 April 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 4.12

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvlllegreen.com](http://www.louisvlllegreen.com)

NAME LAKE OF THE WOODS WQTC MSD  
ADDRESS C/O CEDAR CREEK WQTC  
3405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY LAKE OF THE WOODS WQTC MSD  
LOCATION LOUISVILLE KY 40299  
ATTN: DENNIS THOMASSON, SR METRO QFS

KY0044342  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
7 - FINAL  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	07	01		22	07	31

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	( 17 )	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		ONCE/ MONTH	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.4	( 12 )	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	8.0 MINIMUM	*****	7.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.6	0.6	( 25 )	*****	2	2	( 17 )	0	1/30	CP
	PERMIT REQUIREMENT	11.0 30DA AVG	25.0 DAILY MX	LBS/D	*****	30 30DA AVG	50 DAILY MX	MG/L		ONCE/ MONTH	COMPLD
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.91	0.91	( 25 )	*****	3	3	( 17 )	0	1/30	CP
	PERMIT REQUIREMENT	3.57 30DA AVG	7.34 DAILY MX	LBS/D	*****	10 30DA AVG	20 DAILY MX	MG/L		ONCE/ MONTH	COMPLD
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	1.8	1.8	( 17 )	0	1/30	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPLD
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 00050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.043	0.098	( 03 )	*****	*****	*****		0	ON	ON
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		WEEK/ INSTAN	DAYS
CHLORINE, TOTAL RESIDUAL 00060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	( 17 )	0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.017 DAILY MX	MG/L		ONCE/ MONTH	GRAB

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.

*Diane V. Wright*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540 6000	12	5	22
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)

\* - FINAL

SANITARY WASTEWATER  
EFFLUENT

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

NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	04	02		12	04	02

PARAMETER	X	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	*****	*****		*****	2	2	( 18)	0	1/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/30DA GEC		UNCL/ MONTH	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	1.2	1.2	( 26)	*****	4	4	( 19)	0	1/30	CP
	PERMIT REQUIREMENT	11.0	22.0		*****	30	50	30DA AVG DAILY MX MG/L		UNCL/ MONTH	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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*Duane V. Wright*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
	502-540-6000	12	5	22

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

Lake of the Woods		Report for	Apr-12			Tot. Exc.=		0		
Tot. Flow=	1.335	Concentrations					Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
4/1/12	0.096									
4/2/12	0.098									
4/3/12	0.057									
4/4/12	0.050									
4/5/12	0.056									
4/6/12	0.043									
4/7/12	0.037									
4/8/12	0.036									
4/9/12	0.035	2	4	3.1		0.59	1.17	0.91	1.75	
4/10/12	0.032				2					
4/11/12	0.027									
4/12/12	0.029									
4/13/12	0.032									
4/14/12	0.033									
4/15/12	0.034									
4/16/12	0.035									
4/17/12	0.033									
4/18/12	0.029									
4/19/12	0.029									
4/20/12	0.030									
4/21/12	0.053									
4/22/12	0.043									
4/23/12	0.035									
4/24/12	0.033									
4/25/12	0.034									
4/26/12	0.034									
4/27/12	0.030									
4/28/12	0.036									
4/29/12	0.077									
4/30/12	0.064									
5/1/12										
Average	0.043	2.00	4.00	3.10	2.00	0.59	1.17	0.91	1.75	
Maximum	0.098	2.00	4.00	3.10	2.00	0.59	1.17	0.91	1.75	