



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

September 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 – August 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 August 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 8.12

Enclosures

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



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

DISCHARGE MONITORING REPORT (DMR)

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

KY0044342
 PERMIT NUMBER

001-2
 DISCHARGE NUMBER

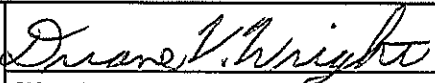
DMR Mailing ZIP CODE: 40211
 MINOR (SUBR LV) JEFFE
 SANITARY WASTEWATER
 External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
08/01/2012	FROM	08/31/2012	TO

ATTN: DENNIS THOMASSON, SR METRO OPS

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) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Monthly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	7.5		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.5	0.5		*****	3	3		0	1/31	CP
	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) 00610 1 1 Effluent Gross	SAMPLE MEASUREMENT	0.14	0.14		*****	0.8	0.8		0	1/31	CP
	PERMIT REQUIREMENT	1.47 30DA AVG	2.94 DAILY MX	lb/d	*****	4 30DA AVG	8 DAILY MX	mg/L		Monthly	COMPOS
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.8	1.8		0	1/31	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.028	0.068		*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Weekdays	INSTAN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.010	20.010		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			AREA Code	NUMBER

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

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	001-2
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD		
MM/DD/YYYY	TO	MM/DD/YYYY
08/01/2012		08/31/2012

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	*****	*****	*****	*****	6	6		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	0.7	0.7		*****	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>GREG C. HEITZMAN</i> 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Dennis Thomasson</i>	TELEPHONE	DATE
			502 5406000	09/15/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

