



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

December 17, 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 – November 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 November 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". The signature is written in dark ink and is positioned above the printed name and title.

Duane V. Wright
Process Supervisor Central Region

DVW/Lake of the Woods 11.12

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. 2040-0004

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
DISCHARGE NUMBER

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

| MONITORING PERIOD | | | |
|-------------------|------|------------|----|
| MM/DD/YYYY | | MM/DD/YYYY | |
| 11/01/2012 | FROM | 11/30/2012 | TO |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|-----------------------------|--------------------|-----------------------|-----------------------|-------|--------------------------|---------------------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| 00300 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9 | ***** | ***** | | 0 | 1/1 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 7 INST MIN | ***** | ***** | mg/L | | Monthly | GRAB |
| 00400 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7 | ***** | 8 | | 0 | 1/1 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 6 MINIMUM | ***** | 9 MAXIMUM | SU | | Monthly | GRAB |
| 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | 1 | 1 | | 7 | 7 | | | 0 | 1/30 | CP |
| | PERMIT REQUIREMENT | 11 30DA AVG | 22 DAILY MX | lb/d | ***** | 30 30DA AVG | 60 DAILY MX | mg/L | | Monthly | COMPOS |
| 00610 1 2 Effluent Gross | SAMPLE MEASUREMENT | 0.26 | 0.26 | | 1 | 1 | | | 0 | 1/30 | CD |
| | PERMIT REQUIREMENT | 3.67 30DA AVG | 7.34 DAILY MX | lb/d | ***** | 10 30DA AVG | 20 DAILY MX | mg/L | | Monthly | COMPOS |
| 00665 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | 2.2 | 2.2 | | | 0 | 1/30 | CP |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | Reg. Mon. MO AVG | Reg. Mon. DAILY MX | mg/L | | Monthly | COMPOS |
| 50050 1 0 Effluent Gross | SAMPLE MEASUREMENT | 0.023 | 0.043 | | ***** | ***** | ***** | ***** | 0 | CN | CN |
| | PERMIT REQUIREMENT | Reg. Mon. 30DA AVG | Reg. Mon. INST MAX | MGD | ***** | ***** | ***** | ***** | | Weekdays | INSTAN |
| 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 <i>GREG E. HEITZMAN</i> 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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Dennis Thomasson</i> | TELEPHONE | | DATE |
| | | | 502 540 6000 | 12/19/2012 | |
| | | | AREA Code | NUMBER | MM/DD/YYYY |

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

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
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 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0044342
 PERMIT NUMBER

001-2
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DMR Mailing ZIP CODE: 40211
 MINOR
 (SUBR LV) JEFFE
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 External Outfall

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 11/01/2012 | TO 11/30/2012 |

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 74055 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 2 | 2 | | 0 | 1/30 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 200 30DA GEO | 400 7 DA GEO | #/100mL | | Monthly | GRAB |
| BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross | SAMPLE MEASUREMENT | 2 | 2 | | ***** | 11 | 11 | | 0 | 1/30 | CP |
| | 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 GREG C. HEITMAN 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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Dwayne V. Wright</i> | TELEPHONE | DATE |
| | | | 502 540 6000 | 12/19/2012 |
| | | AREA Code | NUMBER | MM/DD/YYYY |

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