



MSD

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

August 23, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Shadow Wood WTP; KPDES No.: KY0031810
Discharge Monitoring Reports – July 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of July 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JK/Shadow Wood 0707

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

NAME SHADOW WOOD SUBD
ADDRESS 670 LOUISVILLE/JEFF CO MSD
4522 ALONGQUIN PKWY
LOUISVILLE KY 40211-2497

FACILITY SHADOW WOOD SUBD

LOCATION PROSPECT KY 40059

ATTN: ALEX E NOVAK, OPER MGR

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

KY00031810
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE [] ***

JEFF

MONITORING PERIOD							
FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY
	07	07	01				

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	*****	*****		7.4	*****	*****	(17)	0	1/4	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.8	(12)	0	1/4	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	5.0	*****	7.0	SU			
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	9.16	13.66	(25)	*****	18.50	29.0	(17)	0	1/4	Comp
00500 1 0 0	PERMIT REQUIREMENT	21.3	42.3	****	*****	30	60	MG/L			
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.04	0.05	(25)	*****	0.09	0.10	(17)	0	1/4	Comp
00610 1 1 0	PERMIT REQUIREMENT	1.42	2.84	****	*****	2	4	MG/L			
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	5.09	5.63	(17)	0	1/4	Comp
00655 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L			
EFFLUENT GROSS VALUE					30DA AVG	DAILY MX					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.058	0.076	(03)	*****	*****	*****	****	0	1/4	1/4
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****			
EFFLUENT GROSS VALUE		30DA AVG	INST MAX								
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.57	3.0	(17)	0	1/4	Grab
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100ML			
EFFLUENT GROSS VALUE					30DA QED	7 DA QED					
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			
H. T. Schaefer Exec Director						502 241 9693		67	08	21	
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)

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PERMIT NUMBER

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FROM

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SANITARY WASTEWATER
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS 5 DAY, 20C 300B2 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.56	3.00	LBS/DY	*****	3.25	8.0	MG/L	0	17	Comp
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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			AREA CODE NUMBER	YEAR	MO	DAY
TYPED OR PRINTED			502 241-9093	07	08	21

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