



MSD

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

September 11, 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 – August 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of August 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 0807

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 C/O LOUISVILLE/JEFF CO MSD
 4522 ALCONQUIN 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)

XY0031810
 PERMIT NUMBER
 0011
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

JEFFE


MONITORING PERIOD

| | | | | | | | |
|------|------|----|-----|----|------|----|-----|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | | | | | | | |

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | 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 | ***** | ***** | | 7.3 | ***** | ***** | (17) | 0 | 1/4 | Grab |
| 00300 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | INST MIN | ***** | ***** | MG/L | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.8 | ***** | 7.3 | (12) | 0 | 1/4 | Grab |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | MINIMUM | ***** | 7.0 | BU | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | 6.67 | 9.61 | (20) | ***** | 14.75 | 21.0 | (17) | 0 | 1/4 | Comp |
| 00500 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 30DA AVG | DAILY MX | LBS/DY | ***** | 30DA AVG | DAILY MX | MG/L | | | |
| NITROGEN, AMMONIA TOTAL (AS N) | SAMPLE MEASUREMENT | 0.08 | 0.13 | (20) | ***** | 0.18 | 0.30 | (17) | 0 | 1/4 | Comp |
| 00610 1 1 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 30DA AVG | DAILY MX | LBS/DY | ***** | 30DA AVG | DAILY MX | MG/L | | | |
| PHOSPHORUS, TOTAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 5.15 | 3.47 | (17) | 0 | 1/4 | Comp. |
| 00665 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT | REPORT | MG/L | | | |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.064 | 0.550 | (05) | ***** | ***** | ***** | ***** | 0 | C/N | C/N |
| 80050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT | REPORT | MGD | ***** | ***** | ***** | ***** | | | |
| COLIFORM, FEVAL GENERAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 1.0 | 1.0 | (13) | 0 | 1/4 | Grab |
| 74055 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30DA GED | 7 DA GED | 100ML | | | |

| | | | | | | | | |
|---|---|---|------------------|--------------------|------------|----------|-----------|--|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schurden Jr Exec Director 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 502 | NUMBER 241 9693 | YEAR 07 | MO 09 | DAY 10 | |

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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 4522 ALDOUNQUIN PKWY
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KY0031810
 PERMIT NUMBER

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

JEFFE

| MONITORING PERIOD | | | | | | |
|-------------------|-----|-----|----|------|-----|-----|
| YEAR | MO. | DAY | TO | YEAR | MO. | DAY |
| | | | | | | |

FROM

TO

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 | | | |
| BOD, CARBONACEOUS 5 DAY, 20C 00082 1 0 0 EFFLUENT GROSS VALUE | | 0.61 | 1.0 | (25) | ***** | 1.50 | 3.00 | (15) | 0 | 1/4 | Comp |
| | | 30DA AVG | DAILY MX | LBS/DY | | 30DA AVG | DAILY MX | MG/L | | | |
| | | | | | | | | | | | |
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. Schardew Jr
 Excc. Director
 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 | YEAR | MO | DAY |
| 502 | 241-9093 | 07 | 09 | 10 |

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