

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

December 20, 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 – November 2007.

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of November 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 1107

Enclosures

cc:

C. Roth (DOW Louisville)

E. Brady

T. Singleton

P. Burgin

R. Shaw



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

Form Approved. OMB No. 2040-0004

SHADDW WOOD BUBD

LOUISVILLE

LOCATIONPROSPECT

FACILITY BHADON SUBD

ADDRESS C/O LOUISVILLE/JEFF CD MSD

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MINOR (SUBR LV) F - FINAL

JEFFE

HY 40211-2497

KY 40059

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NOTE: Read Instructions before completing this form.

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

Form Approved. PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) OMB No. 2040-0004 DISCHARGE MONITORING REPORT (DMR) MINOR CAUS GOOD WOODS (SUBR LV) KYOOBIBIO ADDRESS C/O LOUISVILLE/JEFF CO MSD **PERMIT NUMBER** DISCHARGE NUMBER F - FINAL ASEZ ALGUNAUIN PRHY SANITARY WASTEWATER KY 40211-2497 LOUISVILLE MONITORING PERIOD FACILITY SHADON MOOD SUBD EFFLUENT YEAR DAY YEAR MO DAY MO *** NO DISCHARGE I I *** LOCATIONPRUSPECT KY 40059 FROM 171 TO 477 30 NOTE: Read Instructions before completing this form. ALEK E NOVAK, OPER MOR **FREQUENCY** NO. SAMPLE **QUALITY OR CONCENTRATION** QUANTITY OR LOADING PARAMETER TYPE EX ANALYSIS MAXIMUM UNITS **AVERAGE AVERAGE** MAXIMUM UNITS MINIMUM (19) 长松松松长长 25) CAREONACECUS SAMPLE 1.6 1.0 0.36 0.43 MEASUREMENT OS DAY, EOC CHECE 77(7) VIERLY 10 14.2 *** 7.09 30062 1 0 PERMIT JODA AVØ DAILY MX MG/L REQUIREMENT DVA AUD DAILY MX B5/DY EFFLUENT GROSS VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT **TELEPHONE** I certify under penalty of law that this document and all attachments were DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER prepared under my direction or supervision in accordance with a system designed Exte Diedor 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 8 5, L. Din Jr. submitted is, to the best of my knowledge and belief, true, accurate, and complete. SIGNATURE OF PRINCIPAL EXECUTIVE 241.5693 I am aware that there are significant penalties for submitting false information, OFFICER OR AUTHORIZED AGENT YEAR NUMBER MO DAY including the possibility of fine and imprisonment for knowing violations. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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