



MSD

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

July 23, 2008

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 – June 2008**

Dear Ms. Thurman

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of June 2008.

During the month of June we exceeded our daily mx for TSS. We believe this was due to Algae blooms in the lagoon. Only one sample was out range during the month, all others were well below our limits.

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 0608

Enclosures

cc: C. Roth (DOW Louisville)
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 CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY SHADOW WOOD SUBD

LOCATION PROSPECT

KY 40059

ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY00031810
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

JEFFE

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 ***

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	*****	*****		7.1	*****	*****	(19)	0	1/2	Grab
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE					INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.2	(12)	0	1/2	Grab
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM	MG/L			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	8.0	25.0	(26)	*****	29.0	90.0	(19)	1	1/2	Comp
00530 1 0 0	PERMIT REQUIREMENT	21.3	42.6		*****	30	60	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA (AS N)	SAMPLE MEASUREMENT	0.08	0.13	(26)	*****	0.29	0.45	(19)	0	1/2	Comp
00610 1 1 0	PERMIT REQUIREMENT	1.42	2.84		*****	2	4	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	4.0	5.0	(19)	0	1/2	Comp
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.040	0.070	(03)	*****	*****	*****		0	1/2	Comp
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	MG/L		CONTINUOUS	MONITORING
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD							
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1.0	3.0	(13)	0	1/2	Grab
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE						30DA GEO	7 DA GEO	100ML			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir.

H. J. Schardin Jr.

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

502 241-9093

18 07 22

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

Please See attached letter

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

NAME SHADOW WOOD SUBD
 ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY SHADOW WOOD SUBD
 LOCATION PROSPECT KY 40059
 ATTENTION DENNIS THOMASSON, SR METRO DPS

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

KY00031810
 PERMIT NUMBER

0011
 DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0004

MINOR

(SUBR LV)

F - FINAL

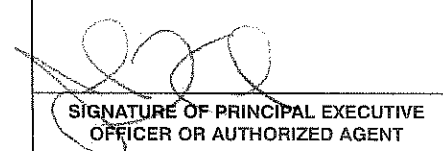
JEFF

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE [] ***

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			
5 DAY, 20C	SAMPLE MEASUREMENT	0.70	1.0	(26)	*****	2.0	5.0	(19)	0	1/4	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7.09 30DA AVG	14.2 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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Even Dir. H.J. Schordew Jr. TYPED OR PRINTED			502 241-9093 AREA CODE NUMBER	08 07 22 YEAR MO DAY		

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