



MSD

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

August 26, 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 – July 2008**

Dear Ms. Thurman

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

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 0708

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
 CITY SHADOW WOOD SUBD
 LOCATION PROSPECT KY 40059
 ATTN: DENNIS THOMASSON, 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 () ***
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	07	31

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)		*****	*****		7.2	*****	*****	(19)	0	1/7	Grab
0300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH		*****	*****		6.8	*****	7.2	(12)	0	1/7	Grab
0400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	BU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		4.0	6.0	(26)	*****	15.0	22.0	(19)	0	1/7	Comp
0530 1 0 0 EFFLUENT GROSS VALUE		21.3 30DA AVG	42.6 DAILY MX	LBBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		0.07	0.12	(26)	*****	0.26	0.45	(19)	0	1/7	Comp
0610 1 1 0 EFFLUENT GROSS VALUE		1.42 30DA AVG	2.84 DAILY MX	LBBS/DY	*****	2 30DA AVG	4 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	3.39	3.81	(19)	0	1/7	Comp
0665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
LOW, IN CONDUIT OR HRU TREATMENT PLANT		0.036	0.053	(03)	*****	*****	*****		0	1/7	C/N
0050 1 0 0 EFFLUENT GROSS VALUE		REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		CONT INCONT IN	DUOUS
COLIFORM, FECAL GENERAL		*****	*****		*****	2.0	3.0	(13)	0	1/7	Grab
4055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H T Schaefer 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		
AREA CODE	NUMBER	YEAR	MO	DAY
208	540-6006	08	07	25

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

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

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 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY00031B10
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MINDR
 (SUBR LV)
 F - FINAL JEFFE
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE [] ***
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	07	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
5 DAY CARBONACEOUS 5 DAY, 200 0082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.52	0.83	(26)	*****	2.0	3.0	(19)	0	1/2	Comp
	PERMIT REQUIREMENT	7.09 30DA AVG	14.2 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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 Exec Director
 H.S. Schenk Jr
 TYPED OR PRINTED

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TELEPHONE		DATE		
502	540-6000	08	08	25
AREA CODE	NUMBER	YEAR	MO	DAY

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