



MSD

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

September 25, 2008

Ms. Vickie L. Prather
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Shadow Wood WTP; KPDES No.: KY0031810
Discharge Monitoring Reports – August 2008**

Dear Ms. Prather

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of August 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 0808

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
P. Burgin
R. Shaw



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

ERMITTEE 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 THOMASSON, SR METRO OPS

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

KY0031910
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFE

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

FROM

TO

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ! ! ! ***

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				
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.8	*****	*****	(19)	0	1/2	Grab	
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB	
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.0	(12)	0	1/2	Grab	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SV		WEEKLY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4.0	5.0	(26)	*****	21.0	25.0	(19)	0	1/2	Comp	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.3 30DA AVG	42.6 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.06	0.11	(26)	*****	0.29	0.45	(19)	0	1/2	Comp	
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.42 30DA AVG	2.84 DAILY MX	LBS/DY	*****	2 30DA AVG	4 DAILY MX	MG/L		WEEKLY	COMPOS	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	3.0	4.0	(19)	0	1/2	Comp	
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.029	0.038	(03)	*****	*****	*****		0	9/2	9/2	
60050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	CONTINUOUS	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	2.0	2.0	(13)	0	1/2	Grab	
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 #/ 7 DA GED	100ML		WEEKLY	GRAB	
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				
Exec Director H. J. Schuler Jr. TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY
								722	311-9698	08	09	24

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

NAME SHADOW WOOD SUBD
 ADDRESS C/O CEDAR CREEK STP
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY SHADOW WOOD SUBD
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 ATTN: DENNIS THOMASSEN, SR METRO OPS

 KY0031810
 PERMIT NUMBER

 001 1
 DISCHARGE NUMBER

 MINOR
 (SUBR LV)
 F - FINAL

JEFFE

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

 SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1-1 ***

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			
BOD, CARBONACEOUS 25 DAY, 20C	SAMPLE MEASUREMENT	1.0	1.0	(26)	*****	5.0	7.0	(19)	0	1/7	long
30052 1 0 0 EFFLUENT GROSS VALUE	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										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

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