



MSD

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

October 27, 2008

Ms. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

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

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of October 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 1008

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)

AME: SHADOW WOOD SUBD
DRESS C/O JOHN KESSEL
5512 HITT LN
LOUISVILLE

KY 40241

ACILITY SHADOW WOOD SUBD
OCATION LOUISVILLE

KY 40059

ATTN: MARION M GEE

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

KY0031810
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.

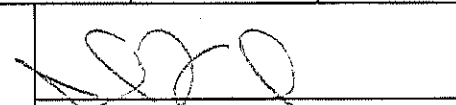
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.5	*****	*****	(19)	0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.4	(12)	0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.0	3.0	(26)	*****	7.0	10.0	(19)	0	1/2	Comp
	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) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.03	0.05	(26)	*****	0.13	0.22	(19)	0	1/2	Comp
	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) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(19)	0	1/2	Comp
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.029	0.055	(03)	*****	*****	*****		0	9/2	9/2
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTIN UOUS	CONTIN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(13)	0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 7 DA GED	#/ 100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Eric Director
H.J. 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

08 540-6600
AREA CODE NUMBER

DATE

08 11 25
YEAR MO DAY

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

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

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

NAME SHADOW WOOD SUBD

ADDRESS C/O JOHN KESSEL

3512 HITT LN

LOUISVILLE

KY 40241

FACILITY SHADOW WOOD SUBD

LOCATION LOUISVILLE

KY 40059

ATTN: MARION M GEE

KY0031810
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1-1-81 ***

NOTE: Read Instructions before completing this form.

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
300, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	1.0	1.0	(26)	*****	4.0	5.0	(19)	0	1/2	Comp
30082 1 C 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	COMPO
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
H.J. Schadt 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

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

SHADOW WOOD		Report for	Oct-08			Tot. Exc.=		0	
Tot. Flow=	0.914		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	
10/1/08	0.027								
10/2/08	0.025								
10/3/08	0.026								
10/4/08	0.029								
10/5/08	0.028								
10/6/08	0.027	3	4	0.22	1	0.676	0.901	0.050	
10/7/08	0.027								
10/8/08	0.03								
10/9/08	0.023								
10/10/08	0.024								
10/11/08	0.025								
10/12/08	0.024								
10/13/08	0.024	6	4	0.06	1	1.201	0.801	0.012	
10/14/08	0.025								
10/15/08	0.027								
10/16/08	0.032								
10/17/08	0.027								
10/18/08	0.03								
10/19/08	0.031								
10/20/08	0.032	10	5	0.11	1	2.669	1.334	0.029	
10/21/08	0.026								
10/22/08	0.028								
10/23/08	0.03								
10/24/08	0.055								
10/25/08	0.027								
10/26/08	0.043								
10/27/08	0.033	10	4	0.11	1	2.752	1.101	0.030	
10/28/08	0.033								
10/29/08	0.034								
10/30/08	0.028								
10/31/08	0.034								
Average	0.029	7.25	4.25	0.13	1.00	1.82	1.03	0.03	
Maximum	0.055	10.00	5.00	0.22	1.00	2.75	1.33	0.05	
Exceed.	0	0	0	0	0	0	0	0	
Day Viol.									
Mo. Viol									
Minimum	0.023	MIN	MAX						
DO (min)									
pH									
TRC									

This plant has a summer ammonia limit of 2/4 mg/L and 1.42/2.84pounds
This plant has a winter ammonia limit of 5/10 mg/L and 3.54/7.08 pounds
Winter limits are from November - April, Summer is from May - October

MINOR
 (SUBR LV)
 F - FINAL SHELB
 SANITARY WASTEWATER
 EFFLUENT

concentration	Units	No.	Freq. Of	Sample
Maximum		Ex.	Analysis	Type
*****	(19)	0	1/7	GRAB
*****	MG/L		WEEKLY	GRAB
0	(12)	0	1/7	GRAB
9.0	SU		WEEKLY	GRAB
MAXIMUM	(19)	0	1/7	COMPOS
60	MG/L		WEEKLY	COMPOS
DAILY MX	(19)	0	1/7	COMPOS
10	MG/L		WEEKLY	COMPOS
DAILY MX	(19)	0	1/7	COMPOS
0	(19)	0	1/7	COMPOS
REPORT	MG/L		WEEKLY	COMPOS
DAILY MX	***	0	C/N	C/N
*****	***		CONTIN	CONTIN
	(13)	0	UOUS	UOUS
			1/7	GRAB
400	# /100ml		WEEKLY	GRAB
7 DA GEO	(19)	0	1/7	COMPOS
20	MG/L		WEEKLY	COMPOS
DAILY MX				