



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. 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 – September 2008**

Dear Ms. Prather

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of September 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 0908

Enclosures

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



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

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

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

AME SHADOW WOOD BUDS
ADDRESS C/O CEDAR CREEK STN
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY SHADOW WOOD BUDS
LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSON, SR METRO OPS

KY00031810
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBP LV)
F - FINAL

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	09	30

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 10/1/08 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
XY0001 DISSOLVED (DO)	*****	*****			7.8	*****	*****	(17)	0	1/2	Grab
10300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
10400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	MG/L		WEEKLY	GRAB
10500 1 0 0 SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	(19)	0	1/2	Comp
10500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.2	42.6	LB/DY	*****	30	60	MG/L		WEEKLY	COMPOS
10610 1 0 0 NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	0.08	0.14	LB/DY	*****	0.40	1.0	(19)	0	1/2	Comp
10610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.12	2.84	LB/DY	*****	2	4	MG/L		WEEKLY	COMPOS
10665 1 0 0 PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	*****	*****	2.0	4.0	(19)	0	1/2	Comp
10665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
10050 1 0 0 FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.24	0.46	(03)	*****	*****	*****	*****	0	1/2	1/2
10050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	19D	*****	*****	*****	*****		CONTINUOUS	IN
174055 1 0 0 COLIFORM, FECAL GENERAL	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	3.0	(13)	0	1/2	Grab
174055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Eric Dir
H J Sch... J
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)

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

MINOR
(SUBR LV)
F - FINAL

JEFFE

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 THOMASSON, SR METRO OPS

KY0031310
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
08	07	01	TO	08	07	30

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1/1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
500. CARBONACEOUS 25 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	1.0	1.0	(26)	*****	4.0	5.0	(19)	0	1/1	Comp	
	PERMIT REQUIREMENT	7.09 30DA AVG	19.2 DAILY MAX	LBS/DY	*****	10 30DA AVG	20 DAILY MAX	MG/L		WEEKLY COMPOS	
	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 Dir
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
DATE
AREA NUMBER
540-6600
YEAR 08 MO 10 DAY 24

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