



MSD

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

December 22, 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 – November 2008**

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly operator report (MOR) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of November 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 1108

Enclosures

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



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

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

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

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

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	05	11	01		05	11	30

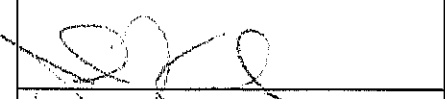
*** NO DISCHARGE ***

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) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.6	*****	*****	(17)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L			WEEKLY GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.2	(12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	7.0 MAXIMUM	SU			WEEKLY GRAB
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.6	16.0	(25)	*****	6.5	9.0	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	21.3 30 DA AVG	42.6 DAILY MX	LBS/DY	*****	30 30 DA AVG	60 DAILY MX	MG/L			WEEKLY COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.1	0.5	(25)	*****	0.1	0.2	(17)	0	1/7	Comp
	PERMIT REQUIREMENT	3.54 30 DA AVG	7.05 DAILY MX	LBS/DY	*****	5 30 DA AVG	10 DAILY MX	MG/L			WEEKLY COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.7	1.4	(17)	0	1/7	Comp
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT 30 DA AVG	REPORT DAILY MX	MG/L			WEEKLY COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.019	0.320	(03)	*****	*****	*****	*****	0	1/7	Ch
	PERMIT REQUIREMENT	REPORT 30 DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****			CONTINUOUS
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.0	2.0	(13)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	200 30 DA GED	400 7 DA GED	#/ 100ML			WEEKLY GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Tara Din
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
502 546-6466
DATE
12 22
AREA CODE NUMBER YEAR MO DAY

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

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

NAME SHADOW WOOD SUED
 ADDRESS C/O JOHN KESSEL
 5512 HITT LN
 LOUISVILLE KY 40241
 FACILITY SHADOW WOOD SUED
 LOCATION LOUISVILLE KY 40059
 ATTN: MARION M GEE

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

Form Approved.
 OMB No. 2040-0004

KY00031810 PERMIT NUMBER
 001 1 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

JEFF E

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	11	01	00	11	30

FROM

TO

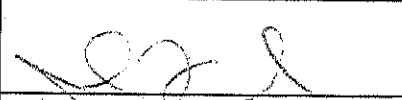
*** NO DISCHARGE 1 ***

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			
BOD, CARBONACEOUS 5 DAY, 20C 50082 1 0 0 EFFLUENT GROSS VALUE		3.0	8.0	(26)	*****	3.0	3.0	(19)	0	1/1	Comp
	SAMPLE MEASUREMENT	7.09	14.2		*****	10	20				
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			NEARLY COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Eric Du
 H.T. Schaefer Jr
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 546-0300
 DATE 08 12 92
 AREA CODE NUMBER YEAR MO DAY

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

SHADOW WOOD		Report for		Jan-01		Tot. Exc.=		0	
Tot. Flow=		1.478		Concentrations				Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	
1/1/01	0.036								
1/2/01	0.037								
1/3/01	0.035								
1/4/01	0.029								
1/5/01	0.031	7	3	0.11	1	1.810	0.776	0.028	
1/6/01	0.029								
1/7/01	0.033								
1/8/01	0.035								
1/9/01	0.049								
1/10/01	0.039								
1/11/01	0.042								
1/12/01	0.043	9	3	0.17	2	3.228	1.076	0.061	
1/13/01	0.039								
1/14/01	0.033								
1/15/01	0.069								
1/16/01	0.048								
1/17/01	0.04								
1/18/01	0.033								
1/19/01	0.32	6	3	0.17	1	16.013	8.006	0.454	
1/20/01	0.03								
1/21/01	0.036								
1/22/01	0.04								
1/23/01	0.036								
1/24/01	0.049								
1/25/01	0.034	4	3	0.055	1	1.134	0.851	0.016	
1/26/01	0.031								
1/27/01	0.038								
1/28/01	0.036								
1/29/01	0.039								
1/30/01	0.089								
1/31/01									
Average	0.049	6.50	3.00	0.13	1.19	5.55	2.68	0.14	
Maximum	0.320	9.00	3.00	0.17	2.00	16.01	8.01	0.45	
Exceed.	1	0	0	0	0	0	0	0	
Day Viol.									
Mo. Viol									
Minimum	0.029	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