MSD

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

January 20, 2009

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

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

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

D.J.Rheinlaender
Process Supervisor, East Region

JDJR/Shadow Wood 1208

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME SHADOW WOOD SUBD
ADDRESS C/O JOHN KESSEL
5512 HITT LN
LOUISVILLE KY 40241
FACILITY SHADOW WOOD SUBD
LOCATION LOUISVILLE KY 40059
ATTN: MARION M GEE

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

Form Approved.
OMB No. 2040-0004

KY0031810 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	12	01	TO	08	12	31

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ( ) ***
JEFF

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		8.0	******	******	(19)	0	1/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	7 INST MIN	******	******	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	******	******		6.7	******	6.9	(12)	0	1/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	2	5	(26)	******	7	16	(19)	0	1/7	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	0.16	0.23	(26)	******	0.32	0.91	(19)	0	1/7	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	3.54 30DA AVG	7.08 DAILY MX	LBS/DY	******	5 30DA AVG	10 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	0.23	0.39	(19)	0	1/7	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	0.043	0.071	(03)	******	******	******		0	C/D	C/D
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	1	1	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Exec VP H. J. Schmidt 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	AREA CODE 502 NUMBER 426-4410	YEAR 08	MO 11	DAY 26

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

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

NAME SHADOW WOOD SUBD
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KY0031810	001 1

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	12	01	TO	08	12	31

MINOR
(SUBR LV)
F - FINAL JEFFE
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE |__| ***

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 05 DAY, 20C	SAMPLE MEASUREMENT	0.85	0.95	(26)	******	3	3	(19)	0	1/7	comp
80082 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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir

H. J. [illegible]

TYPED OR PRINTED

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[signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	896 6006	09	01	20
AREA CODE	NUMBER	YEAR	MO	DAY

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

SHADOW WOOD Report for **Dec-08** Tot. Exc.= 0

Tot. Flow=	1.332	Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
12/1/08	0.047							
12/2/08	0.048							
12/3/08	0.03	3	3	0.9	1	0.751	0.751	0.225
12/4/08	0.039							
12/5/08	0.046							
12/6/08	0.041							
12/7/08	0.063							
12/8/08	0.037							
12/9/08	0.056							
12/10/08	0.038	3	3	0.055	1	0.951	0.951	0.017
12/11/08	0.071							
12/12/08	0.061							
12/13/08	0.037							
12/14/08	0.043							
12/15/08	0.043							
12/16/08	0.041							
12/17/08	0.033	6	3	0.11	1	1.651	0.826	0.030
12/18/08	0.033							
12/19/08	0.041							
12/20/08	0.044							
12/21/08	0.045							
12/22/08	0.034				1			
12/23/08	0.035	16	3	0.22		4.670	0.876	0.064
12/24/08	0.037							
12/25/08	0.028							
12/26/08	0.043							
12/27/08	0.044							
12/28/08	0.039							
12/29/08	0.055							
12/30/08	0.045							
12/31/08	0.035							
Average	0.043	7.00	3.00	0.32	1.00	2.01	0.85	0.08
Maximum	0.071	16.00	3.00	0.90	1.00	4.67	0.95	0.23
Exceed.	0	0	0	0	0	0	0	0
Day Viol.								
Mo. Viol								
Minimum	0.028	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