

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

February 25, 2008

Ms. Kathy Thurman Kentucky Division of Water 14 Reilly Road Frankfort, Kentucky 40601

Re: MSI

MSD Metro Operations

Shadow Wood WTP; KPDES No.: KY0031810 Discharge Monitoring Reports – January 2008

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of January 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 0108

Enclosures

cc:

C. Roth (DOW Louisville)

E. Brady

T. Singleton

P. Burgin

R. Shaw



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

MONITORING PERIOD

DAY

110 TO YEAR

Form Approved. OMB No. 2040-0004

SHADOW WOOD SUBD

ADDRESS C/O CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

ACILITY SHADOW WOOD SUBD OCATION PROSPECT KY 40059 KY0031810 PERMIT NUMBER

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SANITARY WASTEWATER

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*** NO DISCHARGE ! 1 ***

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

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

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

TO

DAY

Form Approved. OMB No. 2040-0004

SHADOW WOOD SUBD

ADDRESS C/O CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE FACILITY SHADOW WOOD SUBD

LOCATION PROSPECT

KY 40059

KY 40211

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MINOR (SUBR LV) F - FINAL

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SANITARY WASTEWATER MONITORING PERIOD

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*** NO DISCHARGE : 1 ***

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ME/TITLE PRINCIPAL EXECUTIVE OFFICER 1 certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designe		d				TELEPHO	NE	D/	ATE			
Tree Director	to nem	re that avalified perconnel n	ronarky cather and evaluate	the information		27	<u>Q</u>					
H.J. Schadz:	submit	itted. Based on my inquiry of the person or persons who manage the system se persons directly responsible for gathering the information, the informatited is, to the best of my knowledge and belief, true, accurate, and comple aware that there are significant penalties for submitting false information,			lete, SIGN	SIGNATURE OF PRINCIPAL EXECUTIVE			SOP JOHN HIS	193		a 2:
TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. DMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				OF	OFFICER OR AUTHORIZED AGENT				R	YEAR N	WO DAY	