



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

June 18, 2009

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 – May 2009**

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 May 2009.

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

Sincerely,

A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", is written over a large, stylized flourish that extends to the right.

D.J. Rheinlaender  
Process Supervisor, East Region

DJR/Shadow Wood 0509

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

NAME SHADOCK WOOD SUBD  
ADDRESS C/O JOHN KESSEL  
6512 HITT LN  
LOUISVILLE KY 40241  
FACILITY SHADOCK WOOD SUBD  
LOCATION LOUISVILLE KY 40059  
ATTN: MARION M GEF

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

XY0031810  
PERMIT NUMBER  
001 J  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
P - FINAL  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	01

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			
OXYGEN, DISSOLVED (DO)	*****	*****	*****	*****	7	*****	*****	*****	0	6/31	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRND
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	MG/L		WEEKLY	GRND
SOLIDS, TOTAL SUSPENDED	1.0	1.8	LBS/DY	3	5	MG/L		0	1/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L		WEEKLY	GRND	
NITROGEN, AMMONIA (TOTAL AS N)	0.12	0.24	LBS/DY	0.3	1	MG/L		0	1/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L		WEEKLY	GRND	
PHOSPHORUS, TOTAL (AS P)	0.5	2.5	MG/L	0.5	2.5	MG/L		0	11/31	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MG/L	30DA AVG	DAILY MX	MG/L		WEEKLY	GRND	
FLUORIDE IN CONDUCTIVITY THRU TREATMENT PLANT	0.049	0.070	MGD	REPORT	REPORT	MGD		0	CON	CON	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	30DA AVG	INST MAX	MGD		WEEKLY	GRND	
COLOUR, GENERAL	1	1	COUML	1	1	COUML		0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	7 DA GED	COUML	30DA AVG	7 DA GED	COUML		WEEKLY	GRND	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
EX-101-111  
H. J. Schardew 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  
502 546-6000  
DATE  
09 06 16  
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  
SANITARY WASTEWATER  
EFFLUENT

JEPFL

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME SHASHA WOOD SUBD  
ADDRESS C/O JOHN KESSEL  
5512 KITT LN  
LOUISVILLE KY 40241  
FACILITY SHASHA WOOD SUBD  
LOCATION LOUISVILLE KY 40089  
ATTN HARTON M GEE

RY0031510	0011					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

\*\*\* 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			
BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE		1.40	2.5	( 26 )	*****	4	7	( 17 )	0	119	CP
		7.09	14.2		*****	10	20			REALLY UNPLUG	
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Exec. Dir*  
*H. J. Schneider*  
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]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
		89	06	16

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

SHADOW WOOD		Report for		May-09		Tot. Exc.=		0	
Tot. Flow= Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Conc. T Phos
5/1/09	0.054								
5/2/09	0.064								
5/3/09	0.064								
5/4/09	0.056								
5/5/09	0.04	3	3	0.55	1	1.001	1.001	0.183	1.07
5/6/09	0.048								
5/7/09	0.044								
5/8/09	0.07								
5/9/09	0.07								
5/10/09	0.06								
5/11/09	0.045								
5/12/09	0.043	1	3	0.055	1	0.359	1.076	0.020	2.51
5/13/09	0.041								
5/14/09	0.04								
5/15/09	0.043								
5/16/09	0.056								
5/17/09	0.046								
5/18/09	0.04								
5/19/09	0.04	3	3	0.055	1	1.001	1.001	0.018	1.21
5/20/09	0.036								
5/21/09	0.039								
5/22/09	0.035								
5/23/09	0.047								0.362
5/24/09	0.047								0.242
5/25/09	0.065								0.094
5/26/09	0.043	5	7	0.67		1.793	2.510	0.240	0.135
5/27/09	0.051								0.098
5/28/09	0.051								
5/29/09	0.042				1				0.07
5/30/09	0.05								0.06
5/31/09	0.05								0.06
Average	0.049	3.00	4.00	0.33	1.00	1.04	1.40	0.12	0.54
Maximum	0.070	5.00	7.00	0.67	1.00	1.79	2.51	0.24	2.51
Exceed.	0	0	0	0	0	0	0	0	0

LAKE FOREST  
C/O ERIC G. BRADY  
700 W. LIBERTY STRI  
LOUISVILLE KY  
SHADOW WOOD

ATTN: H. J. SCHARDI

OXYGEN, DISSLOVEI  
(DO)  
00300 1 0 0  
EFFLUENT GROSS V,  
pH

00400 1 0 0  
EFFLUENT GROSS V,  
SOLIDS, TOTAL  
SUSPENDED  
00530 1 0 0  
EFFLUENT GROSS V  
NITROGEN, AMMONI,  
TOTAL (AS N)

00610 1 2 0  
EFFLUENT GROSS V  
PHOSPHORUS, TOT/  
(AS P)

00665 1 0 0  
EFFLUENT GROSS V,  
FLOW, IN CONDUIT C  
THRU TREATMENT P

50050 1 0 0  
EFFLUENT GROSS V  
COLIFORM, FECAL  
GENERAL