



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

August 24, 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 –July 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 July 2009.

If you have any questions concerning the attached DMRs, please contact me at (502)587-5856.

Sincerely,

A handwritten signature in black ink, appearing to read "D.J. Rheinlaender", is written over a large, stylized, handwritten "1" that extends from the signature area down towards the bottom right of the page.

D.J. Rheinlaender
Process Supervisor, East Region

DJR/Shadow Wood 0709

Enclosures

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



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

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

NAME SHADOWWOOD WQTC
ADDRESS C/O JOHN KESSEL
6512 HITT LN
LOUISVILLE KY 40241
FACILITY SHADOWWOOD WQTC
LOCATION LOUISVILLE KY 40059
ATTN MARION M GEE

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

KY00031810
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR (SUBR LV)
F - FINAL
SANITARY WASTEWATER EFFLUENT
*** NO DISCHARGE ***
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)	PERMIT REQUIREMENT	*****	*****		7	*****	*****	(19)	0	1/7	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	PERMIT REQUIREMENT	*****	*****		7.2	*****	7.6	(12)	0	1/7	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	1.4	1.9	(26)	*****	5	8	(19)	0	1/7	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	21.3	42.6	30 DA AVG DAILY MX LBS/DY	*****	30	60	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	0.02	0.03	(26)	*****	0.1	0.1	(19)	0	1/7	CP
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1.42	2.84	30 DA AVG DAILY MX LBS/DY	*****	2	4	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****		*****	0.65	0.95	(19)	0	5/91	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.034	0.071	(03)	*****	*****	*****		0	CN	CN
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	30 DA AVG INST MAX MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
COLIFORM, FECAL GENERAL	PERMIT REQUIREMENT	*****	*****		*****	1	1	(13)	0	1/7	GR
04055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400 #/30 DA GED	100ML		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

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

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

NAME SHADOWOOD WTC

ADDRESS C/O JOHN KESSEL

5512 HITT LN

LOUISVILLE

KY 40241

FACILITY SHADOWOOD WTC

LOCATION LOUISVILLE

KY 40059

ATTN: MARION M GEE

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

KY0031810

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004

JEFF

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
POD: CARBONACEOUS	SAMPLE MEASUREMENT	1.17	2.1	(26)	*****	5	9	(19)	0	1/7	CP
25 DAY, 200	PERMIT REQUIREMENT	7.09	14.2		*****	10	20			WEEKLY	COMPOS
POD: 1 0 0		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

TYPED OR PRINTED

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=		1.064		Concentrations				Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos		
1/1/01	0.029	5	3	0.11	1	1.209	0.726	0.027			
1/2/01	0.029								0.537		
1/3/01	0.026										
1/4/01	0.036										
1/5/01	0.034										
1/6/01	0.035										
1/7/01	0.03										
1/8/01	0.028	8	9	0.11	1	1.868	2.102	0.026	0.519		
1/9/01	0.029										
1/10/01	0.03										
1/11/01	0.03										
1/12/01	0.038										
1/13/01	0.031										
1/14/01	0.026										
1/15/01	0.03	2	3	0.055	1	0.500	0.751	0.014	0.708		
1/16/01	0.026										
1/17/01	0.035										
1/18/01	0.033										
1/19/01	0.03										
1/20/01	0.022										
1/21/01	0.022										
1/22/01	0.044	5	3	0.055	1	1.835	1.101	0.020	0.945		
1/23/01	0.027										
1/24/01	0.025										
1/25/01	0.044										
1/26/01	0.026										
1/27/01	0.047										
1/28/01	0.023										
1/29/01	0.059								0.532		
1/30/01	0.071										
1/31/01	0.069										
Average	0.034	5.00	4.50	0.08	1.00	1.35	1.17	0.02	0.65		
Maximum	0.071	8.00	9.00	0.11	1.00	1.87	2.10	0.03	0.95		
Exceed.	0	0	0	0	0	0	0	0	0		

LAKE FOREST
C/O ERIC G. BRADY
700 W. LIBERTY STR
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