



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

September 15, 2009

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

**Re: MSD Metro Operations  
Shadow Wood WQTC; KPDES No.: KY0031810  
Discharge Monitoring Reports –August 2009**

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Shadow Wood WQTC; KPDES No.: KY0031810 for the month of August 2009.

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

Sincerely,

D.J. Rheinlaender  
Process Supervisor, East Region

DJR/Shadow Wood 0809

Enclosures

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



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

NAME SHADOWWOOD WQTC  
 ADDRESS C/O JOHN KESSEL  
 7512 HITT LN  
 LOUISVILLE KY 40241  
 FACILITY SHADOWWOOD WQTC  
 LOCATION LOUISVILLE KY 40059  
 ATTN MARTIN M GSE

KY0031810  
 PERMIT NUMBER

001 1  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
04	08	01		04	08	31

SANITARY WASTEWATER EFFLUENT

\*\*\* NO DISCHARGE 1 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			
OXYGEN, DISSOLVED (00)		*****	*****		7	*****	*****	( 19 )	0	1/7	GR
PERMIT REQUIREMENT		*****	*****	INST MIN	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH		*****	*****		7.4	*****	7.9	( 12 )	0	1/7	GR
PERMIT REQUIREMENT		*****	*****	MINIMUM	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED		2.4	6.2	( 26 )	*****	7	12	( 19 )	0	1/7	CP
PERMIT REQUIREMENT		21.3	42.6	LBS/DY	*****	30	60	MG/L		WEEKLY	SAMPLES
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)		0.02	0.03	( 26 )	*****	0.1	0.2	( 19 )	0	1/7	CP
PERMIT REQUIREMENT		1.42	2.84	LBS/DY	*****	2	4	MG/L		WEEKLY	SAMPLES
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX			30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	0.30	0.34	( 19 )	0	1/7	CP
PERMIT REQUIREMENT		*****	*****		*****	REPORT	REPORT	MG/L		WEEKLY	SAMPLES
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.024	0.167	( 03 )	*****	*****	*****		0	C/N	C/N
PERMIT REQUIREMENT		REPORT	REPORT	MGD	*****	*****	*****			CONTINUOUS	IN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX							DUCE	
COLIFORM, FECAL GENERAL		*****	*****		*****	1	1	( 10 )	0	1/7	GR
PERMIT REQUIREMENT		*****	*****		*****	200	400 #/	100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE						30DA GED	7 DA GED				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 EXECUTIVE  
 H. J. Sehardew 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		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
		04	09	15

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

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

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

NAME SHADOWWOOD WGTG  
ADDRESS C/O JOHN KESSEL  
4515 HITT LN  
LOUISVILLE KY 40241  
FACILITY SHADOWWOOD WGTG  
LOCATION LOUISVILLE KY 40059  
ATTN: MARION M GEE

KY0031810  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL

JEFFZ

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	31

SANITARY WASTEWATER  
EFFLUENT

\*\*\* 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	SAMPLE MEASUREMENT	1.12	2.1	( 26 )	*****	4	7	( 19 )	0	1/7	CP
BOD5 EFFLUENT CROSS VALUE	PERMIT REQUIREMENT	7.09	14.2	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPOS
	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  
*EXCPT 1011*  
N. J. Sebardein 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]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
502-546-5550  
DATE  
09 09 15  
AREA CODE NUMBER YEAR MO DAY

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

SHADOW WOOD		Report for	Aug-09		Tot. Exc.=		0			
Tot. Flow=	0.866		Concentrations				Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos	
8/1/09	0.037									
8/2/09	0.032									
8/3/09	0.021									
8/4/09	0.061									
8/5/09	0.036	9	7	0.055	1	2.702	2.102	0.017	0.237	
8/6/09	0.025									
8/7/09	0.024									
8/8/09	0.028									
8/9/09	0.032									
8/10/09	0.037									
8/11/09	0.067									
8/12/09	0.062	12	3	0.055	1	6.205	1.551	0.028	0.288	
8/13/09	0.026									
8/14/09	0.046									
8/15/09	0.029									
8/16/09	0.028									
8/17/09	0.021									
8/18/09	0.018									
8/19/09	0.017	3	3	0.055	1	0.425	0.425	0.008	0.343	
8/20/09	0.017									
8/21/09	0.024									
8/22/09	0.021									
8/23/09	0.023									
8/24/09	0.017									
8/25/09	0.015									
8/26/09	0.016	2	3	0.17	1	0.267	0.400	0.023	0.33	
8/27/09	0.017									
8/28/09	0.017									
8/29/09	0.019									
8/30/09	0.02									
8/31/09	0.013									
Average	0.028	6.50	4.00	0.08	1.00	2.40	1.12	0.02	0.30	
Maximum	0.067	12.00	7.00	0.17	1.00	6.20	2.10	0.03	0.34	
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, DISSOLVE  
(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