

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

November 17, 2009

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

Re:

MSD Metro Operations

Shadow Wood WQTC; KPDES No.: KY0031810 Discharge Monitoring Reports –October 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 October 2009.

There were no exceedences, bypass reports or overflow reports for this month.

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 Wood1009

Enclosures

cc:

C. Roth (DOW Louisville)

T. Singleton

R. Shaw



ADDRESS CAG JOHN KESSEL

THE RITT LM

LOUISVILLE KY 40291.

FACILITY (MADDEWARDED WOTE

LOCATION LOUISVILLE

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

MONITORING PERIOD

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Form Approved.

OMB No. 2040-0004

SAMITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE I | +**

NOTE: Read Instructions before completing this form.

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NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER I certif	under penalty of law that this document and all attachments were							NE	D	ATE
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											
4 9 Schonson 1	්ර submit	ted is, to the best of my know	wledge and belief, true, acc	curate, and compl	ctc. SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE			4000		<u>// /7</u>
TYPED OR PRINTED	includi	m aware that there are significant penalties for submitting false information, cluding the possibility of fine and imprisonment for knowing violations. OFFICER OR AUTHORIZED AGENT AREA ONLY CODE NI							R	YEAR	MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. TO MUCHADOR MOTO DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 MINDE ADDRESS 0/8 JOHN KESSEL MY0001810 REUDE EVI 9512 BITT LB PERMIT NUMBER **DISCHARGE NUMBER** F - FINAL LUUISVILLE PY ADDAI SANITARY WASTERWATER MONITORING PERIOD FACILITY ENGINEERING MOTE EFFLUENT YEAR MO DAY YEAR MO DAY LOCATION LOUISVILLE XY 40559 FROM WAR NO DISCHARGE : 1 AWA TO OTTHE MORITHM M GREE NOTE: Read Instructions before completing this form. **PARAMETER** FREQUENCY QUANTITY OR LOADING NO. SAMPLE QUALITY OR CONCENTRATION EΧ TYPE **ANALYSIS AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS UEO. JAMETONACIOUS 200 经验的代表的 SAMPLE 193 05 DAY, 200 **MEASUREMENT** PERMIT 於於於於於於 AESEMAL. HEFT UENT GROSS VALUE REQUIREMENT 30DA AVG DAILY MX 185/0 GODA AVG DAILY MX 图影子L 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 TELEPHONE DATE 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

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

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YEAR

NUMBER

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

TYPED OR PRINTED

SHADOW W Tot. Flow= Date 1/1/01 1/2/01 1/3/01	0.909 Flow 0.017 0.029	Report for TSS	Jan-01 Concentra BOD	itions NH3	Tot. Exc.= Fecal	0 TSS	Pounds BOD		Conc. T Phos	LAKE FOREST C/O ERIC G. BRADY 700 W. LIBERTY STR LOUISVILLE KY SHADOW WOOD
1/4/01	0.018	0	0	0.050	4	4 004	4 222			ATTN: H. J. SCHARDI
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1/7/01	0.010									OXYGEN, DISSLOVE
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