



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 Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

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

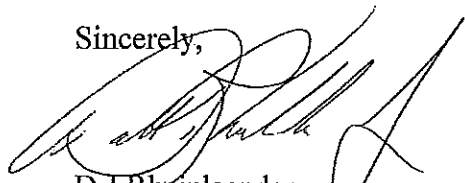
Dear Ms. Bentley

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



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

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

NAME SHADOWWOOD WWTG
ADDRESS C/O JOHN KESSEL
5515 HITT LN
LOUISVILLE KY 40291
FACILITY SHADOWWOOD WWTG
LOCATION LOUISVILLE KY 40069
ATTN: BRADY H. VEE

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

PERMIT NUMBER KY0001010
DISCHARGE NUMBER 0012

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01	TO	07	10	01

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
XYCEN, DISSOLVED (DC)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	(19)	0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GR	
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.7	(12)	0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GR	
SUSPENDED SOLIDS, TOTAL	SAMPLE MEASUREMENT	0.7	1.2	(26)	*****	5	9	(19)	0	1/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	CP	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.02	0.05	(25)	*****	0.2	0.4	(19)	0	1/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	CP	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.46	0.57	(19)	0	1/7	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	CP	
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.029	0.112	(05)	*****	*****	*****	*****	0	C/N	C/N	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTINUOUS	UDUS	
COLIFB M. FEEDBACK GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML		WEEKLY	GR	
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			
Exec. Dir <i>H. J. Sebastian Jr.</i> TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							502-546-6000	09	11	17	
								AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME WINDMILLERS WPTO

ADDRESS C/O JOHN KESSEL

1512 HITT LN

LOUISVILLE

KY 40241

FACILITY WINDMILLERS WPTO

LOCATION LOUISVILLE

KY 40059

ATTN: WINDMILLERS

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

WY0031570
PERMIT NUMBER

001
DISCHARGE NUMBER

MINOR

(SEWER LID)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	01

FROM

TO

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			
WQ. CARBONACEOUS 05 DAY, 200 30000 EFFLUENT GROSS VALUE		0.51	1.1	(2B)	*****	4	8	1.17	0	1/7	CP
		7.09	14.2		*****	10	20			WEEKLY	COMPOSE
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
EXECT. DIR
H.G. [Signature]
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
502 541 6500
DATE
09 11 17
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=	0.909	Concentrations				Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos
1/1/01	0.017								
1/2/01	0.029								
1/3/01	0.017								
1/4/01	0.018								
1/5/01	0.016	9	8	0.056	1	1.201	1.068	0.007	0.322
1/6/01	0.016								
1/7/01	0.01								
1/8/01	0.023								
1/9/01	0.041								
1/10/01	0.052								
1/11/01	0.019								
1/12/01	0.016	6	2	0.4	1	0.801	0.267	0.053	0.406
1/13/01	0.014								
1/14/01	0.023								
1/15/01	0.021								
1/16/01	0.019								
1/17/01	0.014								
1/18/01	0.021								
1/19/01	0.017	2	3	0.056	1	0.284	0.425	0.008	0.567
1/20/01	0.017								
1/21/01	0.04								
1/22/01	0.015								
1/23/01	0.028								
1/24/01	0.026								
1/25/01	0.02								
1/26/01	0.012	3	3	0.17	1	0.300	0.300	0.017	0.549
1/27/01	0.018								
1/28/01	0.03								
1/29/01	0.098								
1/30/01	0.09								
1/31/01	0.112								
Average	0.029	5.00	4.00	0.17	1.00	0.65	0.51	0.02	0.46
Maximum	0.112	9.00	8.00	0.40	1.00	1.20	1.07	0.05	0.57
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 F

50050 1 0 0
EFFLUENT GROSS V
COLIFORM, FECAL
GENERAL