



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

December 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 –November 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 November 2009.

There are 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 Wood1109

Enclosures

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



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

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

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

NAME SHADOWWOOD WOTC
ADDRESS C/O JOHN KESSEL
5512 HITT LN
LOUISVILLE KY 40241
FACILITY SHADOWWOOD WOTC
LOCATION LOUISVILLE KY 40059
ATTN: MARION M GEE

PERMIT NUMBER KY0032810

DISCHARGE NUMBER 001 1

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

*** 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)	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	(17)	0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.6	(12)	0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	BU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0.8	2.0	(25)	*****	3	3	(17)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOSE
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.08	0.14	(25)	*****	0.1	0.3	(17)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOSE
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.49	0.49	(17)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOSE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.009	0.14	(03)	*****	*****	*****		0	C/W	C/W
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	****		CONTINUED IN	DUOS
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)	0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec. Dir
H. J. Johnson 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
502 544 4005
09 11 15
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
JEFPE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME SHADOWNOLD WSTW
ADDRESS C/O JOHN KESSEL
1517 BERT LN
LOUISVILLE KY 40241
FACILITY SHADOWNOLD WSTW
LOCATION LOUISVILLE KY 40059
ATTN: MARION M GEE

PERMIT NUMBER KY00031810
DISCHARGE NUMBER 0011

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	31		07	11	30

*** 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		1.27	2.7	(25)	*****	5	7	(19)	0	1/7	CP
PERMIT REQUIREMENT		7.05 30DA AVG	14.2 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPL
EFFLUENT GROSS VALUE											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
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PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec. Dir
H. J. Schindler 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 502 540 6000
DATE 09 12 15
AREA CODE NUMBER YEAR MO DAY

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

SHADOW WOOD		Report for	Nov-09			Tot. Exc.=		0		
Tot. Flow=	0.858		Concentrations				Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos	
11/1/09	0.144									
11/2/09	0.1									
11/3/09	0.081	3	4	0.055	1	2.027	2.702	0.037	0.491	
11/4/09	0.054									
11/5/09	0.018									
11/6/09	0.019									
11/7/09	0.019									
11/8/09	0.018									
11/9/09	0.016									
11/10/09	0.014	2	4	0.28	1	0.234	0.467	0.033	0.413	
11/11/09	0.016									
11/12/09	0.015									
11/13/09	0.016									
11/14/09	0.017									
11/15/09	0.02									
11/16/09	0.018									
11/17/09	0.028	3	4	0.056	1	0.701	0.934	0.013	0.434	
11/18/09	0.024									
11/19/09	0.02									
11/20/09	0.015									
11/21/09	0.021									
11/22/09	0.022									
11/23/09	0.019									
11/24/09	0.017	2	7	0.056	1	0.284	0.992	0.008	0.324	
11/25/09	0.018									
11/26/09	0.02									
11/27/09	0.017									
11/28/09	0.02									
11/29/09	0.017									
11/30/09	0.015									
12/1/09										
Average	0.029	2.50	4.75	0.11	1.00	0.81	1.27	0.02	0.42	
Maximum	0.144	3.00	7.00	0.28	1.00	2.03	2.70	0.04	0.49	
Exceed.	1	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