



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

January 14, 2010

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 –December 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 December 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 Wood 0110

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 WOTC

ADDRESS: 0/0 JOHN KESSEL

5512 HITT LN

LOUISVILLE

KY 40241

FACILITY: SHADOWWOOD WOTC

LOCATION: LOUISVILLE

KY 40059

ATTN: MARION M GEE

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

PERMIT NUMBER: KY003810

DISCHARGE NUMBER: 0011

MINOR (SUBR LV)

F - FINAL

SANITARY WASTEWATER EFFLUENT

*** NO DISCHARGE 1-14-14 ***

Form Approved. OMB No. 2040-0004

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MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	12	31	08	12	31

FROM

TO

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)	00300 1 0 0	*****	*****		7	*****	*****	(17)	0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAS	
PH	00400 1 0 0	*****	*****		6.5	*****	7.7	(12)	0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAS	
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	0.5	0.9	(20)	*****	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	COMPO	
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 0 0	0.63	0.68	(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	COMPO	
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	0.61	0.71	(17)	0	3/31	CP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPO	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 0	0.024	0.119	(03)	*****	*****	*****		0	C/W	C/W	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	****		CONT. INCONT. IN	DUOS	
BACTERIA, FECAL GENERAL	74055 1 0 0	*****	*****		*****	1	1	(13)	0	1/7	GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/	100ML		WEEKLY	GRAS	
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		
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 SHADOWWOOD WQTC
 ADDRESS C/O JOHN KESSEL
 5512 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			001 1			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	01

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

Form Approved.
 OMB No. 2040-0004

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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 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE		1.15	3.5	(28) LBS/DY	*****	5	12	(17) MG/L	0	1/7	CP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	30DA AVG	DAILY MX			30DA AVG	DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 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 NUMBER: 502 584 1005
 DATE: 10 / 1 / 14

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

SHADOW WOOD		Report for	Jan-01		Tot. Exc.=		0		
Tot. Flow=	0.737		Concentrations				Pounds		Conc.
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos
1/1/01	0.015								
1/2/01	0.018	2	2	0.056	1	0.300	0.300	0.008	0.471
1/3/01	0.016								
1/4/01	0.015								
1/5/01	0.017								
1/6/01	0.019								
1/7/01	0.017								
1/8/01	0.027								
1/9/01	0.031	2	2	0.055	1	0.517	0.517	0.014	0.592
1/10/01	0.022								
1/11/01	0.022								
1/12/01	0.023								
1/13/01	0.036								
1/14/01	0.019								
1/15/01	0.018								
1/16/01	0.017	3	2	0.055	1	0.425	0.284	0.008	0.676
1/17/01	0.019								
1/18/01	0.022								
1/19/01	0.033								
1/20/01	0.027								
1/21/01	0.022								
1/22/01	0.021								0.701
1/23/01	0.035	3	12	0.28	1	0.876	3.503	0.082	
1/24/01	0.069								
1/25/01	0.041								
1/26/01	0.022								
1/27/01	0.019								
1/28/01	0.021								
1/29/01	0.016								0.618
1/30/01	0.013								
1/31/01	0.025								
Average	0.024	2.50	4.50	0.11	1.00	0.53	1.15	0.03	0.61
Maximum	0.069	3.00	12.00	0.28	1.00	0.88	3.50	0.08	0.70
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