



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

June 9, 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 –May 2010**

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 May 2010.

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 0510

Enclosures

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



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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)

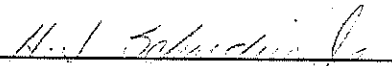

KY0031810 PERMIT NUMBER  
 001 1 DISCHARGE NUMBER

MINOR (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER EFFLUENT  
 JEFFYE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	05	01	TO	10	05	31

\*\*\* 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			
OXYGEN, DISSOLVED (DD) 00360 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	( 14 )	Ø	7/31	GR
	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH 00460 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.0	*****	*****	( 12 )	Ø	7/31	GR
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SD		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5	0.7	( 25 )	*****	2	3	( 19 )	Ø	0/07	CP
	PERMIT REQUIREMENT	21.3 30DA AVG	42.6 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.45	0.65	( 25 )	*****	2	3	( 19 )	Ø	0/07	CP
	PERMIT REQUIREMENT	1.42 30DA AVG	2.84 DAILY MX	LBS/DY	*****	2 30DA AVG	4 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.30	0.35	( 19 )	Ø	0/07	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.034	0.098	( 03 )	*****	*****	*****		Ø	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2	2	( 13 )	Ø	0/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEO	400 7 DA GEO	#/ 100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER EXC. Dir  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

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

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

KY0031810  
PERMIT NUMBER

001 1  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	05	01		10	05	01

\*\*\* 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			
BOD, CARBONACEOUS 5 DAY, 20C 2006Z 1 0 0 EFFLUENT GROSS VALUE		1.47	2.6	( 26 ) LBS/DY	*****	6	9	( 19 ) MG/L	0	01/07	CP
	PERMIT REQUIREMENT	7.09 30DA AVG	14.2 DAILY MX		*****	10 30DA AVG	20 DAILY MX			WEEKLY	CP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*M. M. GEE*  
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  
404 540 4400  
DATE  
10 6 9  
AREA CODE NUMBER YEAR MO DAY

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

**SHADOW WOOD**

Tot. Flow= 1.051

Report for

**Jan-01**

Tot. Exc.= 0

Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Conc. T Phos
1/1/01	0.057								
1/2/01	0.098								
1/3/01	0.068								
1/4/01	0.034	1	9	2.3	2	0.284	2.552	0.652	0.276
1/5/01	0.034								
1/6/01	0.031								
1/7/01	0.03								
1/8/01	0.031								
1/9/01	0.038								
1/10/01	0.029								
1/11/01	0.027	3	7	0.45	2	0.676	1.576	0.101	0.282
1/12/01	0.033								
1/13/01	0.031								
1/14/01	0.03								
1/15/01	0.035								
1/16/01	0.039								
1/17/01	0.031								
1/18/01	0.027								
1/19/01	0.026	3	3	2.24	2	0.651	0.651	0.486	0.316
1/20/01	0.025								
1/21/01	0.029								
1/22/01	0.031								
1/23/01	0.026								
1/24/01	0.028								
1/25/01	0.026	2	5	2.52	2	0.434	1.084	0.546	0.345
1/26/01	0.026								
1/27/01	0.026								
1/28/01	0.025								
1/29/01	0.028								
1/30/01	0.024								
1/31/01	0.028								
Average	0.034	2.25	6.00	1.88	2.00	0.51	1.47	0.45	0.30
Maximum	0.098	3.00	9.00	2.52	2.00	0.68	2.55	0.65	0.35
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