



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

July 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 –June 2010**

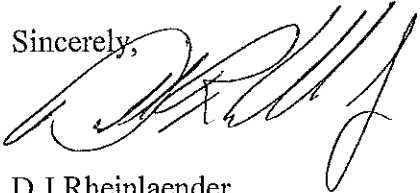
Dear Ms. Bentley

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 June 2010.

There are no bypass reports or overflow reports for this month.

There are 5 exceedances for the month of June. One exceedance was for BOD concentration of monthly average, and there were 4 exceedances for Ammonia Nitrogen concentrations and loadings. Upon investigation, MSD's laboratory test results indicated that the source of the Ammonia Nitrogen and BOD problem was caused by lack of Oxygen in the polishing pond. On June 21, 2010, MSD installed an additional aerator in the polishing pond. In addition to this, 28,000 gallons were hauled from the bottom of the polishing pond in efforts to establish nitrification in the polishing pond. The latest laboratory permitted test results have indicated that the facility is now in compliance with the Ammonia Nitrogen and BOD permit limits.

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 0610

Enclosures

cc: C. Roth (DOW Louisville)



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

T. Singleton
R. Shaw

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 40057

ATTN: MARION M GEE

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

PERMIT NUMBER
KY0031810

DISCHARGE NUMBER
001 1

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

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

JEFFERSON

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

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	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GR
PH	00400 1 0 0	*****	*****		6.5	*****	8.4	(12)	0	1/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GR
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	*****	*****		2.0	*****	18.00	(17)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 1 0	*****	*****		1.56	*****	10	(17)	4	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		0.37	*****	0.49	(17)	0	1/7	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT	REPORT	REPORT	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 0	*****	*****		0.016	*****	0.041	(03)	0	1/1	CONTIN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	30DA AVG	30DA AVG	INST MAX	MGD		CONTIN	CONTIN
COLIFORM, FECAL GENERAL	74055 1 0 0	*****	*****		2	*****	2	(15)	0	1/7	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	30DA GEO	30DA GEO	7 DA GEO	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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
TYPED OR PRINTED								501 346 6000		10 7 9	
								AREA CODE NUMBER		YEAR MO DAY	

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

See cover letter for explanation of exceedance.

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)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	2.49	3.3	(2.5)	*****			(1.5)		6/20	1P
05 DAY, 20C	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
80082 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO
11. J. Schordan Jr			362 340-0000	10	7	9

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

SHADOW WOOD		Report for	Jun-10		Tot. Exc.=		1 Violation		
Tot. Flow=	0.782		Concentrations				Pounds	Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos
6/1/10	0.013								
6/2/10	0.017								
6/3/10	0.024	5	17	7.28	2	1.001	3.403	1.457	0.394
6/4/10	0.025								
6/5/10	0.025								
6/6/10	0.026								
6/7/10	0.023								
6/8/10	0.015								
6/9/10	0.041	5	11	10.47	2	1.710	3.761	3.580	0.332
6/10/10	0.026								
6/11/10	0.034								
6/12/10	0.033								
6/13/10	0.031								
6/14/10	0.036								
6/15/10	0.021								
6/16/10	0.022	7	14	5.6	2	1.284	2.569	1.027	0.272
6/17/10	0.02								
6/18/10	0.025								
6/19/10	0.041								
6/20/10	0.035								
6/21/10	0.027								
6/22/10	0.019								
6/23/10	0.026	18	13	0.84	2	3.903	2.819	0.182	0.493
6/24/10	0.022								
6/25/10	0.021								
6/26/10	0.022								
6/27/10	0.035								
6/28/10	0.036								
6/29/10	0.017		7				0.992		
6/30/10	0.024		7				1.401		
7/1/10									
Average	0.026	8.75	11.50	6.05	2.00	1.97	2.49	1.56	0.37
Maximum	0.041	18.00	17.00	10.47	2.00	3.90	3.76	3.58	0.49
Exceed.	0	0	0	1	0	0	0	0	0