

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 Coordnator 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 SHADOWHOOD WOTC

ADDRESS CYO JOHN KESSEL

SSIE HITT LM

LOUISVILLE KY 40241

FACILITY SHADGWWDOD WOTS

LOCATION LOUISVILLE

ATTM: MARION M GEE

KY 40059

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

MONITORING PERIOD

TO

DAY

PERMIT NUMBER

MO

YEAR

FROM

DISCHARGE NUMBER

DAY

YEAR MO...

MINUR (SUBR LV) F - FINAL

JEFFE

Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE | | \*\*

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		AVERAGE	<b>™ MAXIMUM</b>	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Jac Solve letter for explination of exceeded

Form Approved. NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) OMB No. 2040-0004 MINOR SHADOWNOOD NOTO ADDRESS C/O JOHN KESSEL (SUBR LV) KAGUGIBID JEFFF F - FINAL SSI2 HITT LM PERMIT NUMBER DISCHARGE NUMBER SANITARY WASTEWATER MY 40241 LOUISVILLE **MONITORING PERIOD** EFFLUENT FACILITY SHADOWARD MOTO MO, DAY YEAR MOL YEAR | DAY \*\*\* NO DISCHARGE I\_\_ 1 \*\*\* LOCATION LOUISVILLE XY 40059 FROM NOTE: Read Instructions before completing this form. ATTN: MARION M'GEE FREQUENCY NO. SAMPLE QUANTITY OR LOADING **QUALITY OR CONCENTRATION** PARAMETER EΧ TYPE **ANALYSIS AVERAGE** UNITS AVERAGE MAXIMUM UNITS MINIMUM MAXIMUM 是為人 类型货物实 CARBONACEOUS SAMPLE OS DAY, 200 MEASUREMENT 5008E wh , , PERMIT 30DA AVG DATLY MX MG (L BODA AVG DAILY MX L85/D たちだししたいて GROSS VALUE REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were **TELEPHONE** DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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. SIGNATURE OF PRINCIPAL EXECUTIVE I am aware that there are significant penaltics for submitting false information, OFFICER OR AUTHORIZED AGENT NUMBER **YEAR** MO DAY TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PAGE

SHADOW WOOD Tot. Flow= 0.782		Report for	<b>Jun-10</b> Concentrations		Tot. Exc.= 1		Violation			
Date	Flow	TSS	BOD		Casal	TOO	Pounds		Conc.	
6/1/10	0.013	100	ВОП	инз	Fecal	TSS	BOD	NН3	T Phos	
6/2/10	0.017									
6/3/10	0.024	5	17	7.28	2	1 001	2.400	4 455		
6/4/10	0.025	O	17	7.20	2	1.001	3.403	1.457	0.394	
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	2 500	0.000	
6/10/10	0.026	-		10.77	2	1.7 10	3.761	3.580	0.332	
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				_		2.000	1.027	0.272	
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								<b>3</b> . 10 <b>0</b>	
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	

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