

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

August 18, 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 –July 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 July 2010.

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

Although our Ammonia Nitrogen results are back in permit compliance, there are 3 exceedances. 2 BOD exceedances for the month of July. One exceedance was for BOD concentration of monthly average, and one exceedance for BOD concentration of daily maximum. And 1 exceedance for TSS concentration of daily maximum. The TSS exceedance occurred on July 15, 2010. Since the date of this exceedance to current date, all TSS permitted samples have been in compliance. Prior investigation efforts indicate that the source of the 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 increase dissolved oxygen and establish nitrification in the polishing pond. We will continue to haul from the bottom of the polishing pond and maximize aeration until effluent BOD results and TSS results are back in permit compliance limits.

If you have any questions concerning the attached DMRs, please contact me at (502)587-5856.

Richard W. Mills

Process Supervisor, East Region

Inhardw-Mills



## RWM/Shadow Wood 0710

## Enclosures

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

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

MONITORING PERIOD

TO

DAY

Form Approved. OMB No. 2040-0004

SHADSWARDD WOTE

ADDRESS C/O JOHN KESSEL

DESCRIPTION FOR

LOUISVILLE

KY 40241

FACILITY SHADDWWOOD WOTE LOCATION DUTSVILLE

STIPL MARION M SEE

KY 40059

MACOBIRGO PERMIT NUMBER

MO.

YEAR

FROM

491 I DISCHARGE NUMBER

DAY

MO.

YEAR

(SUBR LV)

MINCR

F - FINAL

SANITARY WASTEMATER

EFFLUENT

\*\*\* NO DISCHARGE (\_\_) \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER			QUANT	QUALITY OR CONCENTRATION					NO.	FREQUENCY OF	SAMPLE		
			AVERAGE	MUMIXAM	UNITS	MINIMUM		AVERAGE	MAXIMUM	M UNITS		ANALYSIS	TYPE
COS)	SAMPLI MEASUREN		计算体操作的	<b>验验检验证证</b>		7		प्रसानुद्रसानका । इस नदी नदी	ওক্ত চন্দ্ৰং প্ৰথি ছবং চন্দ্ৰং	W ( 197	0	7/31	GR
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% <del> </del>	SAMPLI MEASUREN			444444		6.6		بالإياد بوالد مالية مالية مالية مالية مالية	7.4	1,723	0	7/31	GR
00400 : C C EFFLUENT GROSS VALUE	PERMIT REQUIREM	C 60 56 40 66	李安安安安 ·	A BOOK AND THE	计分符 计分符号	MINIMU	1.1		MAXIMUM MAXIMUM	**		UMÉRILY :	±೯೬೯೬೦
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DOSTO 1 0 0 EFFLUENT GROSS VALUS	PERMIT REQUIREM		RI.3 BODA AVG	SALLY MX	LBS/DY	· · · · · · · · · · · · · · · · · · ·		30 3008 AVG	DARLY M	X MS.1L		VEENLY	L.19948 Leville.
CITPOCEM, AMMUNIA TOTAL (AS N)	SAMPLI MEASUREN		0.04	0406	( 25)	(#-35-44-44)		0.3	0.4	しょかい	0	1/7	CP
006:0 1 : 0 Effluent gross value	PERMIT REQUIREM	1 / W O O O A	1,42 3004 AVG	2. 34 Daily MX	LBS/DY	# <b>********</b>		BVA -AGOS	DAILY M	X MG/L		MAZZIPNE, Y	
PROSPHONUS/ TOTAL (AS P)	SAMPLI MEASUREN		李宗宗者亦亦	香食 古女 中世 出年 大学・中		(\$\frac{1}{2} + \frac{1}{2} +		0,9	2.2	( 2.7.1	0	5/31	C P
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER   I certi			under my direction or sup-	is document and all attachm ervision in accordance with a	a system designed		`	1	4 .0	TELEPHO	NE.	D/	ATE
H.J. Schardein J Exec. Director TYPED OR PRINTED		submitted or those po- submitted I am awar	<ul> <li>Based on my inquiry of the ersons directly responsible is, to the best of my knowled that there are significant</li> </ul>	operly gather and evaluate to the person or persons who ma- for gathering the informati- ledge and belief, true, accura- t penalties for submitting fal- imprisonment for knowing v	anage the system, on, the information ate, and complete, se information,	on C		TURE OF PRINCIPAL CER OR AUTHORIZE	EXECUTIVE DAGENT	SC 7 540-6			26 YAD ON

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

See cover letter for explanation of exceedance.

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ADDRESS C/G JOHN KESSEL

SHIE HITT LN

LOUISVILLE

KY 40241 /

FACILITY UHADDWNDDD WGTOLLOCATIONLDDISVILLE

ATTM. MARION M GEE

MY 40059

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

**MONITORING PERIOD** 

TO

KYCCGISIC PERMIT NUMBER

MO DAY

YEAR

FROM

: See Cover letter for explanation of exceedance.

DISCHARGE NUMBER

YEAR MO. DAY

MINOR (SUBR LV)

COUSK LV)
F - FINAL

J 500 Y 500 BC

Form Approved.

OMB No. 2040-0004

SANTTARY WASTEWATER

EFFLUENT

\*\*\* NO DIECHARGE | : \*\*\*

NOTE: Read Instructions before completing this form

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PARAMETER		QUAN	TITY OR LOADING			QUALITY OR CONC		FREQUENCY	SAMPLE				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE		
300, CARSOMACHOVS Os Day, <mark>200</mark>	SAMPLE MEASUREMENT	1.72	2-9	( 59)	<b>安安安安安</b>	3	25	1 17.	2	5/31	C p		
SOOBR 1 D D Effluent gross value	PERMIT REQUIREMENT	7.09 20DA AVG	DAILY MX	TRENDA	<b>排除水油。</b>	30DA AVG	DAILY M	X MS/L		VERNET	JUNT J.		
	SAMPLE MEASUREMENT						, in the second						
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	PERMIT REQUIREMENT												
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments prepared under my direction or supervision in accordance with a system.				system designed				TELEPHONE		DA.	ΓE		
H.J. Schardein Exec. Direct	to assure submitte or those submitte	that qualified personnel pro d. Based on my inquiry of the persons directly responsible d is, to the best of my knowle	perly gather and evaluate the e person or persons who ma for gathering the information edge and belief, true, accurate	e information nage the system, n, the information te, and complete.		hard M	elle 5	2,540-6	i An	10 0	8 26		
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OMMENTS AND EXPLANATION OF A	NY VIOLATIONS	(Reference all attai	chments here)				<u></u>	NC					

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	SHADOW W Tot, Flow=	<mark>/OOD</mark> 0.593	Report for	Jul-10 Concentr		Γot. Exc.=	1	Violation Pounds		Conc.
	Date	Flow	TSS	BOD.	NH3	Fecal	TSS	BOD	NH3	T Phos
	7/1/10	0.021		9	0.34	2	2.802	1.576	0.060	
	7/2/10	0.02								
	7/3/10	0.022								
	7/4/10	0.025								
	7/5/10	0.026						•		
	7/6/10	0.013								
	7/7/10	0.014								
	7/8/10	0.014	18	25	0.22	2	2,102	2.919	0.026	0.525
	7/9/10	0.016								
	7/10/10	0.018								
	7/11/10	0.019								
	7/12/10	0.006								
	7/13/10	0.048								
	7/14/10	0.015								
	7/15/10	0.013	68	11	0.39	2	7.373	1.193	0.042	2.22
	7/16/10	0.019								
	7/17/10	0.027								
	7/18/10	0.027								
	7/19/10	0.024								
	7/20/10	0.028					1.868			
	7/21/10	0.018								
	7/22/10	0.019		14	0.28	1	3,328	2.218	0.044	0.637
	7/23/10	0.016							•	
	7/24/10	0.022								
	7/25/10	0.024								
	7/26/10	0.018								
	7/27/10	0.007								
	7/28/10	0.012		7				0.701		0.368
	7/29/10	0.012								
	7/30/10	0.011								
	7/31/10_	0.019								
	Average	0.019		13.20	0.31	1.68	3,49	1.72	0.04	
	Maximum	0.048		25.00	0.39	2.00	7.37	2.92	0.06	2.22
E	Exceed.	0	1	0	0	0	0	0	0	0