

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

January 18, 2011

Crystal Thompson
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re:

MSD Metro Operations

Shadow Wood WQTC; KPDES No.: KY0031810 Discharge Monitoring Reports -December 2010

Dear Ms. Thompson:

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 2010.

There were no exceedences, overflow reports or bypass reports to report this month,

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

Sincerely, Lichard Mills

Richard Mills

Process Supervisor, East Region

RM/Shadow Wood 1210

Enclosures

cc:

C. Roth (DOW Louisville)

T. Singleton

R. Shaw

SHADOWWOOD WGTC

ADDRESS C/O JOHN KESSEL

5512 HITT LN

LOUISVILLE

NAME

KY 40241

FACILITY LOCATION LOUISVILLE

ATTN: MARTIN M GFE

KY 40057

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

MONITORING PERIOD

TO

DAY

RYCOGIBIO PERMIT NUMBER

MO

YEAR

FROM

DISCHARGE NUMBER

DAY

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YEAR MO

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MINOR (SUBR LV)

Form Approved.

OMB No. 2040-0004

F - FINAL SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUAN	TITY OR LOADING			QUALITY OR CONC	ENTRATION		NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	新茶谷谷谷	经营销价价		7	经验检验验	海安安安 1.		0	1/7	GR
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SCLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	0-8	1-3	(26)	经验证证券	9	P Comment	(19)	0	1/7	CP
00530 1 0 0 Effluent gross valus	PERMIT REQUIREMENT	E1.2 BVA AVQ	DAILY MX	LBS/DY	· ************************************	30 BVA AUDE	DAILY M			V Agric Same V V Barry V	
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NAME/TITLE PRINCIPAL EXECUTIVE	prepare	under penalty of law that the d under my direction or sup	ervision in accordance with	a system designed			n 41	TELEPHO	VΕ	D/	ATE
HJ Schardien JR. Exec-Director	or those submits	re that qualified personnel pr led. Based on my inquiry of t e persons directly responsible led is, to the best of my know	he person or persons who m e for gathering the informati ledge and belief, true, accur-	anage the system, on, the informatic ate, and complete	on	ATURE OF PRINCIPAL		502 540 G	000	11	1 20
TYPED OR PRINTED	includi	vare that there are significan ng the possibility of fine and	imprisonment for knowing v			D AGENT A	REA NUMBE	R	YEAR N	IO DAY	

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

OF

FACILITY

SHADOWWOOD WOTO

ADDRESS C/O JOHN KESSEL

SSIR HITT LN

LOCATION LOUISVILLE

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

MONITORING PERIOD

TO

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DISCHARGE NUMBER

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YEAR MO

MINOR (SUBR LY) F - FINAL

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Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE | | ***

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE MAXIMUM UNITS		ANALYSIS	S TYPE		
BOD, CARBONACEOUS . DS DAY, 200	SAMPLE MEASUREMENT	_ , 😂	0,9	(26)	****	- <u> </u>	10	(19)	0	1/7	CP
20082 ! 0 0 <u>Felvent gross val</u> ve	PERMIT REQUIREMENT	7.09 30DA AVG	S.P.E DAILY MX	LBS/DY	经验证证据	10° 300A AVG	ZO DAILY MX	MG/L	150 (50) (50) (50)	JEEKLY	C (399)= (3)
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	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT						P				1000000
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		fy under penalty of law that the						TELEPHON	E	DA	ATE
HV Schardien DR.	to assu submit	tre that qualified personnel protected. Based on my inquiry of the persons directly responsible	operly gather and evaluate the person or persons who ma	he information mage the system,	. 9.	ichard M	Illa 🗍				
EXEC DIFFETOR	submit I am a	tted is, to the best of my knowl ware that there are significant	edge and belief, true, accura penaltics for submitting fals	te, and complete. se information.	SIGN	ATURE OF PRINCIPAL	EXECUTIVE 5	12 540-6		- 1	1 20
TYPED OR PRINTED OMMENTS AND EXPLANATION OF		ing the possibility of fine and i		olations.	OI	FFICER OR AUTHORIZE	D AGENT ARE	E NUMBER	ł j	YEAR M	IO DAY

OF

SHADOW W	OOD	Report for	Dec-10	٦	Tot. Exc.=	0						
Tot. Flow=	0.415		Concentr	rations			Pounds		Conc.			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD		T Phos			
12/1/10	0.016		2	0.17	1	1.334	0.267	0.023	0.151			
12/2/10	0.007											
12/3/10	0.012										•	
12/4/10	0.013					-						
12/5/10	0.014						•					
12/6/10	0.011											
12/7/10	0.01											
12/8/10	0.008		4	0.62	1	0.734	0.267	0.041	0.232			
12/9/10	0.006											
12/10/10	0.009											
12/11/10	0.012			•								
12/12/10	0.015								•			
12/13/10	0.018							1				
12/14/10	0.012											
12/15/10	0.011		10	0.39	1	1.009	0.917	0.036	0.353			
12/16/10	0.014								e e e e e e e e e e e e e e e e e e e			
12/17/10	0.013	;										
12/18/10	0.011	I										
12/19/10	0.014											
12/20/10	0.011								0.405			
12/21/10	0.009								0.105			
12/22/10	0.009		•									
12/23/10	0.011								•			
12/24/10	0.012			•							-	•
12/25/10	0.012											•
12/26/10	0.01				4	0.075	0.450	0.046	0.422			
12/27/10	0.011		5	0.17	1	0.275	0.459	0.016	0.123			
. 12/28/10	0.048									,		
12/29/10	0.017								•			•
12/30/10	0.02											
12/31/10	0.019								0.40			•
Average	0.013		5.25	0.34		0.84		0.03				
Maximum	0.048	8 11,00	10.00	0.62	1.00	1.33	0.92	0.04	0.35			