



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

July 18, 2011

Cheryl Edwards
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Shadow Wood WQTC; KPDES No.: KY0031810
Discharge Monitoring Reports for June 2011.**

Dear Ms. Edwards:

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 2011.

There were no exceedences, overflow or bypasses to reports for this month.

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

Sincerely,

A handwritten signature in black ink that reads "Kevin Thompson". The signature is fluid and cursive, with the first name "Kevin" and last name "Thompson" clearly distinguishable.

Kevin Thompson
Process Supervisor, East Region

RM/Shadow Wood 6.11

Enclosures

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



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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SHADOWWOOD WQTC
ADDRESS: C/O JOHN KESSEL
LOUISVILLE, KY 40241
FACILITY: SHADOWWOOD WQTC
LOCATION: 5497 FOREST LAKE DR
LOUISVILLE, KY 40059
ATTN: MARION M GEE

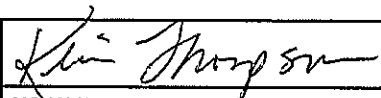
KY0031810	001-1
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 06/01/2011	TO 06/30/2011

DMR Mailing ZIP CODE: 40241
MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	15/30	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	8.3		0	15/30	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.4	18.4		*****	13	33		0	1/7	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	21.3 30DA AVG	42.6 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	0.19	0.41		*****	1	3		0	1/7	CP
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	1.42 30DA AVG	2.84 DAILY MX	lb/d	*****	2 30DA AVG	4 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.6	0.9		0	1/7	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.044	0.068		*****	*****	*****	*****	0	CN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	Mgal/d	*****	*****	*****	*****		Continuous	CONTIN
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1		0	1/7	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Weekly	GRAB

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 persons 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	
H.J. Schardern Jr. Executive Director TYPED OR PRINTED			502-540-6600	07/19/2011	
			AREA Code	NUMBER	MM/DD/YYYY

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

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

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KY0031810	001-1
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MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
06/01/2011	FROM	06/30/2011	TO

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	0.97	1.7		*****	4	6		0	1/7	CP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	7.09 30DA AVG	14.2 DAILY MX	lb/d	*****	10 30DA AVG	20 DAILY MX	mg/L		Weekly	COMPOS

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H. J. Schardain JR Executive Director TYPED OR PRINTED			302-540-6000	07/19/2011
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

SHADOW WOOD		Report for		Jun-11		Tot. Exc.=		0			
Tot. Flow=		1.334		Concentrations				Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos		
6/1/11	0.017										
6/2/11	0.016	6	3	3.1	1	0.801	0.400	0.414	0.544		
6/3/11	0.016										
6/4/11	0.026										
6/5/11	0.029										
6/6/11	0.027										
6/7/11	0.017										
6/8/11	0.019										
6/9/11	0.015	10	6		1	1.251	0.751		0.905		
6/10/11	0.021										
6/11/11	0.025										
6/12/11	0.029										
6/13/11	0.026			0.45				0.098			
6/14/11	0.021										
6/15/11	0.045										
6/16/11	0.063	2	2	0.17	1	1.051	1.051	0.089	0.234		
6/17/11	0.063										
6/18/11	0.058										
6/19/11	0.067										
6/20/11	0.066										
6/21/11	0.067										
6/22/11	0.067										
6/23/11	0.067	33	3	0.28	1	18.440	1.676	0.156	0.556		
6/24/11	0.068										
6/25/11	0.067										
6/26/11	0.068										
6/27/11	0.067										
6/28/11	0.065										
6/29/11	0.066										
6/30/11	0.066										
Average	0.044	12.75	3.50	1.00	1.00	5.39	0.97	0.19	0.56		
Maximum	0.068	33.00	6.00	3.10	1.00	18.44	1.68	0.41	0.91		
Exceed.	0	0	0	0	0	0	0	0	0		