MSD
Metropolitan Sewer District

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

June 10, 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 May, 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 May 2011.

There were two exceedences at Shadow Wood this month. One exceedence for BOD concentration and the other for BOD loading. The exceedence were caused by the gravity line to the plant being clogged by debris, which blocked the flow and caused the raw sewage to turn septic. We believe the heavy rain flushed out the septic sewage which exceeded design parameters. On May 18, 2011, we discovered additional debris in the gravity line. BOD analysis that has been performed from May 16, 2011 to current date indicates that we are now in full compliance.

There were no overflow or bypass reports for this month.

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

Sincerely,

Kevin Thompson

Kevin Thompson
Process Supervisor, East Region

RM/Shadow Wood 5.11

Enclosures

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

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	05/01/2011	TO	05/31/2011

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	******	******	******	8	******	******		0	5/31	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	7 INST MIN	******	******	mg/L		Weekly	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.2		0	5/31	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.5	3.5		******	7	17		0	4/7	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	0.07	0.10		******	0.3	0.5		0	4/7	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	******	******	******	******	0.3	0.4		0	4/7	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	0.031	0.094		******	******	******	******	0	4/7	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	4/7	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 30DA GEO	400 7 DA GEO	#/100mL		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
HJ Schardein JR Executive Director	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.	Kevin Thompson	502 - 540-6000		06/10/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	2.33	5.0		******	11	24		2	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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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SHADOW WOOD Report for **May-01** Tot. Exc.= 0 **Violation**

Tot. Flow=	0.959	Concentrations				Pounds			Conc.
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos
5/1/01	0.042								
5/2/01	0.071								
5/3/01	0.094								
5/4/01	0.053								
5/5/01	0.034	5	6	0.11	1	1.418	1.701	0.031	0.186
5/6/01	0.03								
5/7/01	0.031								
5/8/01	0.026								
5/9/01	0.025	17	24	0.28	1	3.545	5.004	0.058	0.237
5/10/01	0.023								
5/11/01	0.024								
5/12/01	0.024								
5/13/01	0.026								
5/14/01	0.022								
5/15/01	0.032								
5/16/01	0.024	2	10	0.39	1	0.400	2.002	0.078	0.398
5/17/01	0.02								
5/18/01	0.017								
5/19/01	0.019								
5/20/01	0.024								
5/21/01	0.027								
5/22/01	0.026								
5/23/01	0.025	3	3	0.5	1	0.626	0.626	0.104	0.337
5/24/01	0.021								
5/25/01	0.022								
5/26/01	0.045								
5/27/01	0.031								
5/28/01	0.021								
5/29/01	0.029								
5/30/01	0.03								
5/31/01	0.021								
Average	0.031	6.75	10.75	0.32	1.00	1.50	2.33	0.07	0.29
Maximum	0.094	17.00	24.00	0.50	1.00	3.54	5.00	0.10	0.40
Exceed.	0	0	0	0	0	0	0	0	0