



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

November 11, 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 Oct. 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 Oct. 2011.

There were no exceedences, overflows 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, appearing to read "Kevin Thompson".

Kevin Thompson  
Process Supervisor, East Region

KT/Shadow Wood 10.11

Enclosures

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



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

NAME SHADOWWOOD WGTG  
 ADDRESS C/O JOHN KESSEL  
 5512 HITT LN  
 LOUISVILLE

KY 40241

FACILITY SHADOWWOOD WGTG

LOCATION LOUISVILLE

KY 40057

ATTN: MARION M GEE

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

PERMIT NUMBER

DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 T - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT

Form Approved  
 OMB No. 2040-0004

JEFF

MONITORING PERIOD

FROM	YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)					8					1/1	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	INST MIN			MG/L			
	SAMPLE MEASUREMENT				6.2		8.0			1/1	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***	MINIMUM		MAXIMUM	50			
TOTAL SUSPENDED SOLIDS		1.1	2.0			9	16			1/7	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		0.05	0.06			0.4	0.5			1/7	CP
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)						0.33	0.50			1/7	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.020	0.035							CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD				***		UDUS	
CALIFORNIA TOTAL GENERAL						2	5			1/7	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***		30DA CED	7 DA CED	100ML			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.J. Schardain JR  
 Executive Director  
 TYPED OR PRINTED

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 Brown*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
502 540-6000	11 11 15
AREA CODE NUMBER	YEAR MO DAY

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

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

NAME SHADOWWOOD WQTC

ADDRESS C/O JOHN KESSEL  
5512 HITT LN  
LOUISVILLE

KY 40241

FACILITY SHADOWWOOD WQTC

LOCATION LOUISVILLE

KY 40059

ATTN: MARION M GEE

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

PERMIT NUMBER

DISCHARGE NUMBER

MINOR (SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT

Form Approved  
OMB No. 2040-0004

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MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

\*\*\* NO DISCHARGE 1  \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SED. CARBONACEOUS 55 DAY, 200 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.00	2.4			7	13		8	1/7	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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*Kevin Brown*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 546-6000  
DATE 11 11 15  
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

