



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

May 15, 2012

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 April 2012.**

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 April 2012.

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 that reads "Kevin Thompson". The signature is fluid and cursive, with the first name "Kevin" being more prominent than the last name "Thompson".

Kevin Thompson
Process Supervisor, East Region

KT/Shadow Wood 04/12.

Enclosures

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



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

NAME SHADOWWOOD WGTG

ADDRESS C/O JOHN KESSEL

5512 HITT LN
LOUISVILLE

KY 40241

FACILITY SHADOWWOOD WGTG

LOCATION LOUISVILLE

KY 40059

ATTN: MARION M GEE

KY0031810
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	04	01		12	04	01

FROM

TO

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEF 72

*** NO DISCHARGE () ***

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			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		9	*****	*****	(19)		1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		7.3	*****	8.2	(12)		1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	5.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	1.3	2.0	(25)	*****	5	6	(19)		1/7	CP
	PERMIT REQUIREMENT	21.3 30DA AVG	42.6 DAILY MX	LBS/D	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.08	0.10	(25)	*****	0.3	0.5	(17)		1/7	CP
	PERMIT REQUIREMENT	3.54 30DA AVG	7.08 DAILY MX	LBS/D	*****	5 30DA AVG	10 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	0.61	0.67	(19)		1/7	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 00050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.029	0.087	(03)	*****	*****	*****			CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONCENTRATIONS	CONTINUAL
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	3	21	(15)		1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEC	400 7 DA GEC	100MIL		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Greg C. Hartzman
Interim 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.

Kenn M...
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	12	05	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)

KY0031810
 PERMIT NUMBER
 001 I
 DISCHARGE NUMBER

MINOR
 (SUBLV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	07	01		19	07	01

*** 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			
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	0.47	0.7			*****	2	2		8	1/7	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MAX	LBS/D		30DA AVG	DAILY MAX	MG/L		WEEKLY	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Greg L. Hertzman
 Interim Executive Director
 TYPED OR PRINTED

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Kevin Brown
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000
 DATE 12 05 15
 AREA CODE NUMBER YEAR MO DAY

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

