



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

June 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 May 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 May 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, appearing to read "Kevin Thompson", written in a cursive style.

Kevin Thompson
Process Supervisor, East Region

KT/Shadow Wood 05/12.

Enclosures

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



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

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

KY0031810
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	12	05	01		12	06	01

*** 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	*****	*****		8	*****	*****	(19)	8	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		6.9	*****	8.2	(12)	8	1/1	GR
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	BU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	1.5	1.8	(26)	*****	6	7	(19)	8	1/7	CP
	PERMIT REQUIREMENT	21.3 30DA AVG	42.5 DAILY MX	LBS/DY	*****	30	60	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.06	0.10	(36)	*****	0.3	0.4	(19)	8	1/7	CP
	PERMIT REQUIREMENT	1.42 30DA AVG	2.24 DAILY MX	LBS/DY	*****	2	4	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	0.94	0.92	(19)	8	5/31	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.035	0.087	(03)	*****	*****	*****		8	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	15
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	2	2	(13)	8	1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GEC	400 7 DA GEC	#/ 100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Greg C. Hertzman
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.

Kui Thom
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
502 540-6000	12 06 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
 0011 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT

Form Approved. OMB No. 2040-0004.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	06	01		12	06	01

FROM

TO

*** NO DISCHARGE 1-1 ***

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			
BOD, CARBONACEOUS 5 DAY, 20C 20052 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.48	0.5	(26)	*****	2	2	(19)	8	1/7	CP
	PERMIT REQUIREMENT	7.09 30DA AVG	14.2 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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Keri Brown
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502.540-6000
 DATE 12 06 15
 AREA CODE NUMBER YEAR MO DAY

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

