



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

March 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 February 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 February 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 over a horizontal line.

Kevin Thompson
Process Supervisor, East Region

KT/Shadow Wood 02/12.

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

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

WY0051510
 PERMIT NUMBER
 502 1
 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DAPGEN, DISSOLVED (DB) 00300 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT PERMIT REQUIREMENT				10					1/1	GR
PH	SAMPLE MEASUREMENT PERMIT REQUIREMENT				6.5		8.0			1/1	GR
SUSPENDED 00560 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.8	1.2		4	5				1/7	CP
TOTAL (AS N) 00510 1 2 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.06	0.07		0.3	0.5				1/7	CP
TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT PERMIT REQUIREMENT				0.92	1.0				1/7	CP
THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT PERMIT REQUIREMENT	6.022	6.031							CN	CN
GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT PERMIT REQUIREMENT				1	1				1/7	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Greg C. Heitzman PE
 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.

Kevin Thomas
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE		
502 540-6000	12	03	16
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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

MINOR (SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** 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			
500. CARBONACEOUS 05 DAY, 200 500SS 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.95	1.7	LBS/D		5	8	MG/L	8	1/4	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/D		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Greg C. Reitzman PE
Interim Executive Director

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Kevin Thompson

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

502-540-6000

AREA CODE NUMBER

DATE

12 03 16

YEAR MO DAY

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

