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

April 16, 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 March 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 March 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,

Kevin Thompson
Process Supervisor, East Region

KT/Shadow Wood 03/12.

Enclosures

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

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME SHADOWWOOD WGTC
ADDRESS C/O JOHN KESSEL
5512 HITT LN
LOUISVILLE KY 40241
FACILITY SHADOWWOOD WGTC
LOCATION LOUISVILLE KY 40059
ATTN: MARION M GEE

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

KY0031810 — PERMIT NUMBER
001 1 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	04	12	01	TO	04	12	31

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

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		8	*******	*******	(19)	0	1/1	GR
	PERMIT REQUIREMENT	*******	*******	**** ****	INST MIN	*******	*******	MG/L		WEEKL	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		6.4	*******	8.3	(12)	0	1/1	GR
	PERMIT REQUIREMENT	*******	*******	**** ****	6.0 MINIMUM	*******	9.0 MAXIMUM	SU		WEEKL	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	3.0	5.6	(26)	*******	12	21	(19)	0	1/7	CP
	PERMIT REQUIREMENT	21.3 30DA AVG	42.6 DAILY MX	LBS/DY	*******	30 30DA AVG	60 DAILY MX	MG/L		WEEKL	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.07	0.08	(26)	*******	0.3	0.6	(19)	0	1/7	CP
	PERMIT REQUIREMENT	3.34 30DA AVG	7.08 DAILY MX	LBS/DY	*******	5 30DA AVG	10 DAILY MX	MG/L		WEEKL	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	0.52	0.64	(19)	0	1/7	CP
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKL	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.029	0.045	(03)	*******	*******	*******		0	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*******	*******	*******	**** ****		CONTINUOUS	CONTINUOUS
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*******	*******		*******	1	1	(13)	0	1/7	GR
	PERMIT REQUIREMENT	*******	*******	**** ****	*******	200 30DA GEO	400 7 DA GEO	#/ 100ML		WEEKL	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE		
Greg C. Heitzman Interim 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.	502 564-6000	12	04	16
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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
KY0031810	001 1

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	[illegible]	[illegible]	TO	[illegible]	[illegible]	[illegible]

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

JEFFE

Form Approved.
OMB No. 2040-0004

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	1.05	1.8	(26)	******	5	8	(19)	0	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										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Greg C Heitzman
Interim Executive Director

TYPED OR PRINTED

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[signature]

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	540-6000	12	04	16
AREA CODE	NUMBER	YEAR	MO	DAY

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

SHADOW WOOD Report for **Mar-12** Tot. Exc.= 0

Tot. Flow= 0.884

Date	Flow	Concentrations TSS	BOD	NH3	Fecal	Pounds TSS	BOD	NH3	Conc. T Phos
3/1/12	0.021								
3/2/12	0.023								
3/3/12	0.026								
3/4/12	0.018	8	7	0.56		1.178	1.030	0.082	0.515
3/5/12	0.033				1				
3/6/12	0.022								
3/7/12	0.024								
3/8/12	0.034								
3/9/12	0.03								
3/10/12	0.027								
3/11/12	0.026	10	8	0.28		2.186	1.749	0.061	0.639
3/12/12	0.029				1				
3/13/12	0.025								
3/14/12	0.025								
3/15/12	0.026								
3/16/12	0.034								
3/17/12	0.034								
3/18/12	0.038	10	2	0.22		3.143	0.629	0.069	0.446
3/19/12	0.03				1				
3/20/12	0.029								
3/21/12	0.028								
3/22/12	0.026								
3/23/12	0.045								
3/24/12	0.044								
3/25/12	0.032	21	3	0.28		5.643	0.806	0.075	0.477
3/26/12	0.025				1				
3/27/12	0.022								
3/28/12	0.027								
3/29/12	0.028								
3/30/12	0.023								
3/31/12	0.033								
Average	0.029	12.25	5.00	0.34	1.00	3.04	1.05	0.07	0.52
Maximum	0.045	21.00	8.00	0.56	1.00	5.64	1.75	0.08	0.64
Exceed.	0	0	0	0	0	0	0	0	0