



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)

April 9, 2013

Cheryl Edwards  
Kentucky Division of Water  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Shadow Wood WQTC; KPDES No.: KY0031810  
Discharge Monitoring Reports for March 2013.**

Dear Ms. Edwards:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Shadow Wood WQTC; KPDES No.: KY0031810 for the month of March 2013.

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,  


Richard Mills  
Process Supervisor of Metro Operations

RM/Shadow Wood 03/13.

Enclosures

cc: T. Singleton  
R. Shaw



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

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

Form Approved  
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC  
ADDRESS: 8405 CEDAR CREEK RD  
LOUISVILLE, KY 40211  
FACILITY: SHADOWWOOD WQTC MSD  
LOCATION: 5497 FOREST LAKE DR  
LOUISVILLE, KY 40059  
ATTN: KEVIN RIES

KY003181D	001-1
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211  
MINOR  
(SUBR LV) JEFFE  
SANITARY WASTEWATER  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 03/01/2013	TO	03/31/2013	

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	10	*****	*****		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	9		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	4.0	6.0	*****	*****	15	22		0	1/7	CP
	PERMIT REQUIREMENT	21.3 30DA AVG	42.6 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N) 00610 1 2 Effluent Gross	SAMPLE MEASUREMENT	0.13	0.30	*****	*****	0.5	1		0	1/7	CP
	PERMIT REQUIREMENT	3.54 30DA AVG	7.08 DAILY MX	lb/d	*****	5 30DA AVG	10 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.3		0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.027	0.060	*****	*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2		0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Kevin R. Hartman</i> 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Richard Mello</i>	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY
			502-540-6000		3/24/2013

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

Parameter 00610 - Use Season 1 for summer months (May, June, July, August, September, and October) and Season 2 for winter months (November, December, January, February March, and April); enter NODI=9 for the Season not needed.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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FROM 03/01/2013	TO 03/31/2013

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1.82	3.7		*****	7	8		0	1/7	CP
B0082 1 0 Effluent Gross	PERMIT REQUIREMENT	7.09 30DA AVG	14.2 DAILY MX	lb/d	*****	10 30DA AVG	20 DAILY MX	mg/L		Weekly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Kevin R. L. [Signature]</i> 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Richard Melito</i>	TELEPHONE	DATE
			502-540-6000	04/24/2013
		AREA Code	NUMBER	MM/DD/YYYY

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