



MSD

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

March 20, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Shadow Wood WTP; KPDES No.: KY0031810
Discharge Monitoring Reports – February 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of February 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)241-9093.

Sincerely,

John Kessel
Process Supervisor, East Region

JK/Shadow Wood 0207

Enclosures

cc: M. Mudd (DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

NAME SHADOW WOOD SUBD
 ADDRESS 670 LOUISVILLE/JEFF CO MSD
 4822 ALGONQUIN PKWY
 LOUISVILLE KY 40211-2497
 FACILITY SHADOW WOOD SUBD
 LOCATION PROSPECT KY 40059
 ATTN ALEX E MIVAK, OPER MGR

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

KY0031810 PERMIT NUMBER
 001.1 DISCHARGE NUMBER

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

JEFFE

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 02 | 01 | | 07 | 02 | 01 |

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 | | | |
| COBALT, DISSOLVED (00) | SAMPLE MEASUREMENT | ***** | ***** | | 7.4 | ***** | ***** | (17) | 0 | 1/7 | 6.6b |
| COBALT, DISSOLVED (00) | PERMIT REQUIREMENT | ***** | ***** | **** | INST MIN | ***** | ***** | MG/L | | WEEKLY | 6.6b |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| COBALT, DISSOLVED (00) | SAMPLE MEASUREMENT | ***** | ***** | | 6.8 | ***** | 6.9 | (12) | 0 | 1/7 | 6.6b |
| COBALT, DISSOLVED (00) | PERMIT REQUIREMENT | ***** | ***** | **** | MINIMUM | ***** | MAXIMUM | MG/L | | WEEKLY | 6.6b |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | 5.87 | 6.67 | (26) | ***** | 15.75 | 17.00 | (19) | 0 | 1/7 | 6.6b |
| SOLIDS, TOTAL SUSPENDED | PERMIT REQUIREMENT | 21.3 | 42.6 | LBS/DY | ***** | 30 | 30 | MG/L | | WEEKLY | 6.6b |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| HYDROGEN, AMMONIA TOTAL (AS N) | SAMPLE MEASUREMENT | 6.05 | 0.03 | (26) | ***** | 0.13 | 0.20 | (19) | 0 | 1/7 | 6.6b |
| HYDROGEN, AMMONIA TOTAL (AS N) | PERMIT REQUIREMENT | 3.54 | 7.08 | LBS/DY | ***** | 5 | 10 | MG/L | | WEEKLY | 6.6b |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| PHOSPHORUS, TOTAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 3.54 | 3.78 | (19) | 0 | 1/7 | 6.6b |
| PHOSPHORUS, TOTAL (AS P) | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT | REPORT | MG/L | | WEEKLY | 6.6b |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.044 | 0.083 | (03) | ***** | ***** | ***** | | 0 | 6/1 | 6.6b |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | PERMIT REQUIREMENT | REPORT | REPORT | MGD | ***** | ***** | ***** | | | MONTHLY | 6.6b |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |
| COLIFORM, FECAL GENERAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 1 | 1 | (19) | 0 | 1/7 | 6.6b |
| COLIFORM, FECAL GENERAL | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 200 | 400 | 100ML | | WEEKLY | 6.6b |
| EFFLUENT GROSS VALUE | | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. Schneider Sr.
 Exec. 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

TELEPHONE 309 241-9093
 DATE 07 03 20
 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 SHADON WOOD SURF
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4502 ALBONQUIN PKWY
LOUISVILLE KY 40211-2477

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

KY0031810
PERMIT NUMBER

001
DISCHARGE NUMBER

MINOR
(SUBR LV)
E - FINAL

JEFFE

FACILITY SHADON WOOD SURF
LOCATION PROSPECT
ATTN: ALEX E NOVAK, OPER MGR

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 02 | 02 | | 07 | 02 | 02 |

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 | | | |
| BOD ₅ CARBONACEOUS 5 DAY, 20C | SAMPLE MEASUREMENT | 1.97 | 3.34 | (26) | ***** | 5.25 | 8.0 | (17) | 0 | 1/7 | 6.0 |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 30DA AVG | DAILY MX | LB5/DY | ***** | 30DA AVG | DAILY MX | MG/L | | WEEKLY | LUMP GS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.S. Schudler Jr
Exec 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

TELEPHONE
502 941 9093
AREA CODE NUMBER
DATE
07 03 20
YEAR MO DAY

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