



MSD

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

June 25, 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 – May 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of May 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 0507

Enclosures

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



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www.louisvillegreen.com*

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

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

Form Approved
OMB No. 2040-0004

NAME SHADOW WOOD SUBD
ADDRESS 670 LOUISVILLE/JEFF CO MBD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY SHADOW WOOD SWED
LOCATION PROSPECT KY 40059
ATTN: ALEX E NOVAK, OPER MGR

KY00031810
PERMIT NUMBER

001 I
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	01

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			
00300 O.D. EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.4	*****	*****	(12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
00400 O.D. EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.8	(12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
00500 O.D. EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.01	4.90	(26)	*****	10.25	73.0	(12)	0	1/7	Comp.
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
00610 O.D. EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.09	0.23	(26)	*****	0.83	0.56	(12)	0	1/7	Comp.
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
00665 O.D. EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	4.53	5.55	(12)	0	1/7	Comp.
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L			
00050 O.D. EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.053	0.073	(12)	*****	*****	*****		0	1/7	1/7
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****			
00100 O.D. EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.0	(12)	0	1/7	Grab
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec. Director
H.J. Schwab
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		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
308	1241 9093	07	01	26

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

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

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

MINOR
(SUBP LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

NAME: SHARON WOOD SUBD
ADDRESS: 670 LOUISVILLE/JEFF CO MSD
4522 VILSONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY: SHARON WOOD SUBD
LOCATION: PROSPECT KY 40059
ATTN: ALEX E NUVAK OPER MGR

KY0031810
PERMIT NUMBER

001 J
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	31

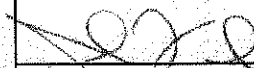
*** NO DISCHARGE 1 1 ***

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			
5-DAY BOD, CARBON-ACEOUS		0.58	0.80	(25)	*****	1.50	2.0	(19)	0	1/7	Comp
5-DAY BOD		7.09	14.2		*****	10	20				
EFFLUENT CROSS VALUE		300A AVG	DAILY MX	LBS/DY		300A AVG	DAILY MX	MG/L			
									0	1/7	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
H.J. Schardin
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 241 9093
DATE: 07 06 20
AREA CODE: 502 NUMBER: 241 9093 YEAR: 07 MO: 06 DAY: 20

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