



**MSD**

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

January 24, 2008

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 – December 2007.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of December 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 1207

Enclosures

cc: C. Roth (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)

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

Form Approved  
OMB No. 2040-0004

NAME: CHAYON HOLD CORP  
ADDRESS: 670 LOUISVILLE/JEFF CO MSO  
4512 ALDAMAR HWY  
LOUISVILLE KY 40211-2477  
FACILITY: CHAYON HOLD CORP  
LOCATION: PROSPECT KY 40057  
1111 A T T E N U A N D R I X R O D

PERMIT NUMBER: KY0001810

DISCHARGE NUMBER: 0011

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHENOL DISSOLVED (DU)	*****	*****			7.6	*****	*****	(19)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PHENOL DISSOLVED (DU)	*****	*****			6.7	*****	7.0	(12)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	DU		WEEKLY	GRAB
SUSPENDED SOLIDS (DU)	*****	4.38	5.87	(25)	*****	13.25	22.0	(19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	(DU/DY)	*****	30	60	MG/L		WEEKLY	LUMPUS
TOTAL CAS (DU)	*****	0.07	0.14	(26)	*****	0.19	0.34	(19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	(DU/DY)	*****	5	10	MG/L		WEEKLY	LUMPUS
PHENOL DISSOLVED (DU)	*****	*****	*****		*****	4.74	5.30	(19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	LUMPUS
THRU TREATMENT PLANT	*****	0.054	0.099	(03)	*****	*****	*****		0	1/2	1/2
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****			CONT	CONT
GENERAL	*****	*****	*****		*****	1.0	1.0	(13)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	7 DA GED	100ML		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Eric Director H.J. Schade	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
TYPED OR PRINTED			241-9193	08	01	02

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME C 25000 LINDS LINDS

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

Form Approved.  
 OMB No. 2040-0004

ADDRESS 070 LOUISVILLE/JEFF CO MUD

PERMIT NUMBER KY00091010

DISCHARGE NUMBER 0013

MINOR  
 (SUDR LV)  
 F - FINAL

FACILITY LOCATION  
 LOUISVILLE  
 BRADSHAW LINDS LINDS

KY 40211-2497

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

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			
5-DAY BOD5		0.61	0.82	(26)	*****	1.75	2.0	(19)	0	1/2	Comp
EFFLUENT GROSS VALUE		7.09	14.2	MG/DY	*****	10	20			WEEKLY	COMPS
		30DA AVG	DAILY MX			30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Director  
 H.J. Schaefer  
 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  
 508 291-9093  
 AREA CODE NUMBER  
 DATE  
 08 01 22  
 YEAR MO DAY

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



**MSD** Louisville and Jefferson County  
Metropolitan Sewer District

IMSAST0004  
Discharge Report  
Dec 01, 2007 12:00 AM thru Dec 31, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

<b>KPDES #</b> KY0031810	<b>Facility ID</b> MSD0404	<b>Treatment Plant Name</b> SHADOW WOOD	<b>Receiving Stream of Treatment Plant</b> HARRODS CREEK	<b>Region</b> EAST
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<b>Facility Type</b> SPL Sewer Treatment Plant	<b>Facility ID</b> MSD0404	<b>Facility Address</b> 5489 FOREST LAKE DR	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> HARRODS CREEK	<b>Discharge to</b> GROUND
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Stat</u>	<u>Event Date</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISDW DRY WEATHER DISCHARGE	732038	12/27/07 01:50 PM	MARKS JR	LARLE	R	12/27/07	BYPASS AT TREATMENT PLANT	DISCHARGE TO WATERS OF THE US	12/27/07 04:30 PM

**Spot Inspections:**

Discharge Amount:	2,540 GAL
Cause:	FAILURE OF CL2 LINE
Clean Up:	NOT FEASIBLE
Control Zone:	SIGNS POSTED
Impact:	NO VISUAL IMPACT OBSERVED. WATER RECEIVING ALL PROCESS TREATMENT EXCEPT DISINFECTION.
Repair:	MAINTENANCE ON SITE REPAIRING CL2 LINE

**Notifications:**

12/27/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov
12/27/07 01:50 PM	CL2 Feec lone to contact chamber broke. Mainence repairing line , Manual feeding CL2 to effluent to disinfect water.
12/27/07 12:59 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov

Total Facilities Printed: 63