

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

May 22, 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 – April 2008

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of April 2008.

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 0408

**Enclosures** 

cc:

C. Roth (DOW Louisville)

T. Singleton

P. Burgin

R. Shaw



CHAROUM MOOD SUBD

ADDRESS C/O CEDAR CREEK STP

CR MEERS RACED FORE

LOUISVILLE

NAME

KY 40211 --

FACILITY SHADOW WOOD SUBD LOCATIONPROSPECT

PERMIT NUMBER MONITORING PERIOD

FROM

KY0031810

MO

YEAR

DISCHARGE NUMBER

DAY

MO

YEAR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TO

DAY

MINOR (SUBR IV) F - FINAL

STEFFE

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE | | \*\*\*

ATTN: DENWIS THOMASS	ON ON ME	NOTE: Read Instructions before completing this form.									
PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION				FREQUENCY OF	SAMPLE
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NAME/TITLE PRINCIPAL EXECUTIVE C	prepared to assure submitted or those submitted lam aw	under penalty of law that to d under my direction or sup e that qualified personnel p ed. Based on my inquiry of e persons directly responsible ed is, to the best of my knoware that there are significant ing the possibility of fine and	pervision in accordance with roperly gather and evaluate the person or persons who le for gathering the informa wiledge and belief, true, acc at penalties for submitting f	h a system design the information manage the systemation, the informa- curate, and comp- false information.	em, ation lete. SIGNA	TURE OF PRINCIPAL	EXECUTIVE 500		1053	08 7	ATE  SS 20 1  MO DAY

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

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

NAME SHADOW WOOD SUED

ADDRESS C/O CEDAR CREEK STP 8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY SHADOW WOOD SUBD LOCATION PROSPECT

KY 40059

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

MONITORING PERIOD

TO

DAY

YEAR

MYOOBLEIO **PERMIT NUMBER** 

MO

YEAR

FROM

0011 DISCHARGE NUMBER

DAY

MO

MINOR (SUBR LV) F - FINAL Form Approved. OMB No. 2040-0004

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SANITARY WASTEWATER

FFFLUENT

\*\*\* NO DISCHARGE | | \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE
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		red. Based on my inquiry of the person or persons who manage the system, e persons directly responsible for gathering the information, the information ed is; to the best of my knowledge and belief, true, accurate, and complete, ware that there are significant penalties for submitting false information, no the possibility of fine and imprisonment for knowing violations.			em, ation lote. SiGNA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			10h3	080	75 2 N
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