



MSD

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

March 26, 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 – February 2008**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Shadow Wood WTP; KPDES No.: KY0031810 for the month of February 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 0208

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)
 NAME SHADOW WOOD SUBD

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

Form Approved.
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211

KY0031810
 PERMIT NUMBER

0011
 DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

JETTE

FACILITY SHADOW WOOD SUBD
 LOCATION PROSPECT KY 40059
 ATTN DENNIS INGHAMSON SR METRO OPS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	02	01		00	02	27

SANITARY WASTEWATER
 EFFLUENT

*** 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			
OXYGEN, DISSOLVED (DO)		*****	*****		7.8	*****	*****	(19)	0	1/2	Grab
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	7	*****	*****	INST MIN		WEEKLY	GRAB
PH		*****	*****		6.7	*****	7.0	(12)	0	1/2	Grab
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.0	*****	9.0	MINIMUM		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED		3.25	9.76	(26)	*****	6.50	15.0	(19)	0	1/2	Comp
00500 1 0 0 EFFLUENT GROSS VALUE		21.3	42.6	LBS/DY	*****	30	50	30DA AVG		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)		0.05	0.10	(26)	*****	0.15	0.30	(19)	0	1/2	Comp
00610 1 2 0 EFFLUENT GROSS VALUE		3.54	7.08	LBS/DY	*****	5	10	30DA AVG		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	3.60	3.80	(19)	0	1/2	Comp
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT	REPORT	30DA AVG		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.045	0.078	(02)	*****	*****	*****	*****	0	1/2	1/2
00050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	*****		CONTIN	CONTIN
COLIFORM, FECAL GENERAL		*****	*****		*****	1.0	1.0	(13)	0	1/2	Grab
79055 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	200	400	30DA GED		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Core Director
 H.S. Schaefer Jr.
 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

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)

Form Approved.
OMB No. 2040-0004

NAME SHADOW WOOD SUBD
ADDRESS 070 CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY SHADOW WOOD SUBD
LOCATION PROSPECT KY 40059
ATTN: DENNIS THOMASSEN, OR METRO OPS

KY0001810
PERMIT NUMBER

0011
DISCHARGE NUMBER

MINOR
(SUBR LV)
7 - FINAL
JEFFE
SANITARY WASTEWATER
EFFLUENT

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	06	01		05	06	27

*** 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			
BOD5 CARBONACEOUS 05 DAY/20C 00082 1 0 0 EFFLUENT GROSS VALUE		1.10	1.95	(26)	*****	3.0	3.0	(17)	0	1/4	Comp
		PERMIT REQUIREMENT	7.09	14.2	*****	10	20			WEEKLY	COMPOS
			30DA AVG	DAILY MX		30DA AVG	DAILY MX	MG/L			
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.J. Schaefer Jr. 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

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