

MSD

Metropolitan Sewer District

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

August 22, 2010

Ms. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Shadow Wood WQTC; KPDES No.: KY0031810
Discharge Monitoring Reports –August 2010**

Dear Ms. Bentley

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operator Report (MOR) for the Shadow Wood WQTC; KPDES No.: KY0031810 for the month of August 2010.

There were no exceedences, over flow reports or bypass reports to report this month

If you have any questions concerning the attached DMRs, please contact me at (502)587-5856.

Sincerely,



Richard W. Mills
Process Supervisor, East Region

RWM/Shadow Wood 0810

Enclosures

cc: C. Roth (DOW Louisville)
T. Singleton
R. Shaw



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

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

NAME SHADOWWOOD WOTC
ADDRESS C/O JOHN KESSEL
5512 HITT LN
LOUISVILLE KY 40241
FACILITY SHADOWWOOD WOTC
LOCATION LOUISVILLE KY 40059
ATTN: MARION M GEE

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

XY0031810	001 1
PERMIT NUMBER	DISCHARGE NUMBER

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

JEFFS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

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					
DRYDEN, DISSOLVED (DD)	00300				7				0	5/31	GR		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				INST MIN			MG/L					
PH	00400				6.5		7.0		0	5/31	GR		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	BU					
SOIDS, TOTAL SUSPENDED	00500	1.1	1.7		7		9		0	1/07	CP		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG		DAILY MX	MG/L					
NITROGEN, AMMONIA TOTAL (AS N)	00610	0.05	0.08		0.3		0.5		0	1/07	CP		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	30DA AVG		DAILY MX	MG/L					
PHOSPHORUS, TOTAL (AS P)	00665				0.9		1.3		0	1/07	CP		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				30DA AVG		DAILY MX	MG/L					
FLOW, IN CONDUCT OR THRU TREATMENT PLANT	00050	0.000	0.045						0	1/07	CP		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD									
CDLIFORM, FECAL GENERAL	74055				4		21		0	1/07	GR		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				30DA GED		7 DA GED	100ML					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.				Richard W. Mills				TELEPHONE		DATE		
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				302 200 11		11 09 02		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)				AREA CODE		NUMBER		YEAR		MO		DAY	

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

NAME SHADOWWOOD WWTG
 ADDRESS C/O JOHN KESSEL
 5812 HITT LN
 LOUISVILLE KY 40241
 FACILITY SHADOWWOOD WWTG
 LOCATION LOUISVILLE KY 40059
 ATTN: MARION M GEE

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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

Form Approved.
 OMB No. 2040-0004

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 5 DAY, BOD	SAMPLE MEASUREMENT	1.50	1.9	MG/L		9	12	MG/L	0	5/31	CP
BOD5 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	BODA AVG	DAILY MX	LBS/DY		BODA 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
 Eric D. 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.

Richard W. Mills
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-546-6600
 DATE 10 07 98
 AREA CODE NUMBER YEAR MO DAY

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

