

R/S



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

April 28, 2011

Crystal Thompson
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Shadow Wood WQTC; KPDES No.: KY0031810
Discharge Monitoring Reports for March, 2011**

Dear Ms. Thompson:

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 March 2011

There were no exceedences, overflow reports or bypass reports for this month.

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

Sincerely,

A handwritten signature in black ink that reads "Richard Mills". The signature is written in a cursive style with a large, prominent "R" and "M".

Richard Mills
Process Supervisor, East Region

RM/Shadow Wood 3 11

Enclosures

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



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

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

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

JEFFE

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

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

KY0031810
PERMIT NUMBER

001 1
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	03	01		11	03	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			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****		8	*****	*****	(19)	0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		6-7	*****	7.8	(12)	0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE		1.2	2.5	(26)	*****	4	7	(19)	0	1/7	CP
	PERMIT REQUIREMENT	21.3	42.6		*****	30	50			WEEKLY	COMPLS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE		0.05	0.06	(26)	*****	0.2	0.2	(19)	0	1/7	CP
	PERMIT REQUIREMENT	3.54	7.08		*****	5	10			WEEKLY	COMPLS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	0.33	0.66	(19)	0	5/31	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	COMPLS
						30DA AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0-033	0.102	(03)	*****	*****	*****		0	CN	CN
	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	IN
		30DA AVG	INST MAX	MGD				****		UDUS	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	1	1	(13)	0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
						30DA GEO	7 DA GEO	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 Mitta		TELEPHONE		DATE		
TYPED OR PRINTED							502.540-6000		11	4	27
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY		

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

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

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

KY0031810 PERMIT NUMBER
 001 1 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

Form Approved
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	03	01		11	03	31

*** NO DISCHARGE : ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, CARBONACEOUS 05 DAY, 20C 80052 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.64	1.1	(26)	*****	2	3	(14)	0	1/7	CP
	PERMIT REQUIREMENT	7.09 30DA AVG	14.2 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
	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 H J Schardein 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 Mills SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			502 540-6000 AREA CODE NUMBER	11	4	27 YEAR MO DAY

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

SHADOW WOOD		Report for	Mar-11		Tot. Exc.=		0			
Tot. Flow=	1.017		Concentrations				Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos	
3/1/11	0.025									
3/2/11	0.025	3	2	0.17	1	0.626	0.417	0.035	0.211	
3/3/11	0.014									
3/4/11	0.022									
3/5/11	0.045									
3/6/11	0.042									
3/7/11	0.03									
3/8/11	0.025									
3/9/11	0.102									
3/10/11	0.054									
3/11/11	0.043	7	3	0.17	1	2.510	1.076	0.061	0.133	
3/12/11	0.066									
3/13/11	0.048									
3/14/11	0.053									
3/15/11	0.06									
3/16/11	0.042	2	2	0.17	1	0.701	0.701	0.060	0.661	
3/17/11	0.033									
3/18/11	0.028									
3/19/11	0.026									
3/20/11	0.025									
3/21/11	0.022									
3/22/11	0.022									
3/23/11	0.023	5	2	0.17	1	0.959	0.384	0.033	0.434	
3/24/11	0.016									
3/25/11	0.016									
3/26/11	0.017									
3/27/11	0.018									
3/28/11	0.016									
3/29/11	0.02									
3/30/11	0.021									0.193
3/31/11	0.018									
Average	0.033	4.25	2.25	0.17	1.00	1.20	0.64	0.05	0.33	
Maximum	0.102	7.00	3.00	0.17	1.00	2.51	1.08	0.06	0.66	