



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

December 16, 2011

Cheryl Edwards
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

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


Dear Ms. Edwards:

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 November 2011.

There were no exceedences, overflows or bypasses to reports for this month.

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

Sincerely,


Kevin Thompson
Process Supervisor, East Region

KT/Shadow Wood 11.11

Enclosures

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



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

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)

PERMIT NUMBER

DISCHARGE NUMBER

MINOR

(SUPER LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE [] ***

JEFFE

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			
OXYGEN, DISSOLVED (DD) 00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT				10					1/1	GR
	SAMPLE MEASUREMENT				INST MIN			MG/L			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT				7.1		8.3			1/1	GR
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	BU			
	SAMPLE MEASUREMENT	1.4	2.2			8	17			1/7	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT	0.06	0.11			0.3	0.4			1/7	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT					0.45	0.59			3/30	CP
	PERMIT REQUIREMENT					30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT	0.027	0.078							CN	CN
	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD						UDUS	
	SAMPLE MEASUREMENT					1	1			1/4	GR
	PERMIT REQUIREMENT					30DA GEG	7 DA GEG	100ML			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein JR
Executive Director
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
Ken Brown

TELEPHONE: 502-540-6000
DATE: 11/12/15
AREA CODE: 502, NUMBER: 540-6000, YEAR: 11, MO: 12, DAY: 15

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

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

NAME SHADOWWOOD WQTC

ADDRESS C/O JOHN KESSEL

3512 MITT 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)

AT00031810

PERMIT NUMBER

7012

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

Form Approved.
OMB No. 2040-0004

JEFF

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
BOD, CARBONALDOX 05 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.74	0.9	LB/DY	*****	4	6	MG/L	8	1/7	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LB/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.T. SCHAROLA JR
Executive Director
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Keri Thompson

TELEPHONE DATE
502 510-6000 11 12 15
AREA CODE NUMBER YEAR MO DAY

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

