

R/S

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

February 10, 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 January 2011**

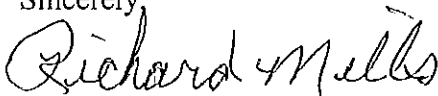
Dear Ms. Thompson:

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 January 2011

There were no exceedences, overflow 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 Mills
Process Supervisor, East Region

RM/Shadow Wood 1 1 1

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 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 001 1
 PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE 1 ***

JEFFI

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

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) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(19)	0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.6	(12)	0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5	1.0	(26)	*****	4	6	(19)	0	1/7	CP
	PERMIT REQUIREMENT	21.3 30DA AVG	42.6 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.03	0.04	(26)	*****	0.2	0.3	(19)	0	1/7	CP
	PERMIT REQUIREMENT	3.54 30DA AVG	7.08 DAILY MX	LBS/DY	*****	5 30DA AVG	10 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.1	0.2	(19)	0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.015	0.031	(03)	*****	*****	*****	****	0	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	IN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	2	2	(13)	0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200 30DA GED	400 #/ 7 DA GED	100ML		WEEKLY	GRAB
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 Mills			TELEPHONE		DATE	
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						302 5240-6000		11		2 10	

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KY0031810 001 1
 PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT

Form Approved. OMB No. 2040-0004

JEFF!

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

*** NO DISCHARGE ***

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, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE		0.32	0.5	(26)	*****	3	3	(19)	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										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 HJ 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.

Richard Miller
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000
 DATE 11 2 10
 AREA CODE NUMBER YEAR MO DAY

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

SHADOW WOOD		Report for	Jan-01			Tot. Exc.=		0		
Tot. Flow=	0.473		Concentrations				Pounds		Conc.	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	T Phos	
1/1/01	0.031									
1/2/01	0.023									
1/3/01	0.015	2	2	0.22	2	0.250	0.250	0.028	0.1	
1/4/01	0.013									
1/5/01	0.011									
1/6/01	0.012									
1/7/01	0.018									
1/8/01	0.016									
1/9/01	0.016									
1/10/01	0.01	5	2	0.17	2	0.417	0.167	0.014	0.151	
1/11/01	0.013									
1/12/01	0.011									
1/13/01	0.013									
1/14/01	0.01									
1/15/01	0.015									
1/16/01	0.017									
1/17/01	0.015									
1/18/01	0.019	6	3	0.17	1	0.951	0.475	0.027	0.153	
1/19/01	0.016									
1/20/01	0.014									
1/21/01	0.014									
1/22/01	0.018									
1/23/01	0.022									
1/24/01	0.015	4	3	0.28	2	0.500	0.375	0.035	0.115	
1/25/01	0.01									
1/26/01	0.013									
1/27/01	0.016									
1/28/01	0.014									
1/29/01	0.015									
1/30/01	0.016									
1/31/01	0.012									
Average	0.015	4.25	2.50	0.21	1.68	0.53	0.32	0.03	0.13	
Maximum	0.031	6.00	3.00	0.28	2.00	0.95	0.48	0.04	0.15	