



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

October 23, 2012

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 July 2012.**

Dear Ms. Edwards:

Here is a revised cover letter for Shadow Wood WQTC for the month of July. We recently became aware that the first cover letter was reported incorrectly. This was due to a clerical error. After Investigating we found two exceedances for CBOD and one exceedance for TSS for the month. Different from the first letter we sent showing four exceedances for CBOD.

There were two exceedances for CBOD and one exceedance for TSS. We believe the TSS violation is either due to drought conditions or extreme heat conditions causing our tertiary pond to turn over. We have conducted non-permitted process control samples. All indication is that the source of the elevated TSS is from the tertiary pond. At this time, we are not certain of the cause of the elevated CBOD results. All of our process control data of this plant indicates optimum treatment processes are occurring. During the investigation process, we had an independent laboratory analyze non-permitted CBOD process control samples. Those results were within allowable concentration limits. MSD's laboratory personnel are currently investigating their CBOD testing process. As a precaution, we installed an additional floating aerator in the tertiary pond to increase dissolved oxygen in the plant process. Subsequently, this may have attributed to elevated TSS results. We also cleaned the chlorine contact tank, replaced sample tubing, container and flushed the influent line. MSD will conduct split sampling analysis of CBOD and non-permitted CBOD analyses until a determination is made.

If you have any questions concerning this revised cover letter, please contact me at (502)587-5856.

Sincerely,


Kevin Thompson
Process Supervisor, East Region

KT/Shadow Wood 06/12.

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)

Approved
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211
FACILITY: SHADOWWOOD WQTC
LOCATION: 5497 FOREST LAKE DR
LOUISVILLE, KY 40059

KY0031810	001-1
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
MINOR (SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

ATTN: MARION M GEE

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2012	TO 07/31/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	*****		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	9		0	1/1	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.7	17.2		*****	30	83		1	7/31	CP
	PERMIT REQUIREMENT	21.3 30DA AVG	42.6 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N) 00610 1 1 Effluent Gross	SAMPLE MEASUREMENT	0.09	0.12		*****	0.4	0.5		0	1/7	CP
	PERMIT REQUIREMENT	1.42 30DA AVG	2.84 DAILY MX	lb/d	*****	2 30DA AVG	4 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.95	1.27		0	1/7	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.031	0.117		*****	*****	*****	*****	0	CN	CN
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2		0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 7 DA GEO	#/100mL		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Greg C. Heitzman</i> Interim 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.	<i>Ken</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			502-576-6000	08/16/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

See cover letter for explanation of exceedences.

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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	5.74	14.1		*****	24	57		2	1/31	CP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	7.09 30DA AVG	14.2 DAILY MX	lb/d	*****	10 30DA AVG	20 DAILY MX	mg/L		Weekly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Gregg Hertzman</i> Interim 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 ensure 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 this information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Kevin [Signature]</i>	TELEPHONE	DATE
			502-540-6000	08/16/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	NUMBER
				MM/DD/YYYY

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