



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

February 13, 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 January 2012.**

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 January 2012.

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,

A handwritten signature in black ink, appearing to read "Kevin Thompson", written over a white background.

Kevin Thompson  
Process Supervisor, East Region

KT/Shadow Wood 01/12.

Enclosures

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



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT

JEFFE

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

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

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	*****	*****	*****	*****	11	*****	*****	MG/L	8	1/1	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	STAD
PH 00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	10.4	*****	8.2	MG/L	8	1/1	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	D.O. MINIMUM	*****	*****	MG/L		WEEKLY	STAD
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	*****	3.6	10.5	( LB )	*****	7	8	MG/L	8	1/4	CP
PERMIT REQUIREMENT	*****	30DA AVG	DAILY MX	LBS/D	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	*****	0.22	0.59	( LB )	*****	0.4	0.6	MG/L	8	1/4	CP
PERMIT REQUIREMENT	*****	30DA AVG	DAILY MX	LBS/D	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	COMPL
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.54	0.75	MG/L	8	1/4	CP
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	*****	0.029	0.158	( CG )	*****	*****	*****	MGD	8	CN	CN
PERMIT REQUIREMENT	*****	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	MGD		WEEKLY	COMPL
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	1	1	100ML	8	1/4	GR
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200 30DA GEC	400 7 DA GEC	100ML		WEEKLY	STAD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Greg C. Heitzman PE  
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.

*Ken Mann*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 540-6000  
DATE: 12 02 16  
AREA CODE: 502 NUMBER: 540-6000 YEAR: 12 MO: 02 DAY: 16

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

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

MINOR  
(SUBR LV)  
F - FINAL  
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MONITORING PERIOD

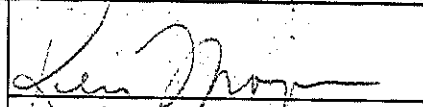
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	02	14		02	01	16

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		1.77	4.0	LBS/DY	*****	5	6	MG/L		1/7	CP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L		WEEK	SAMPLE
	SAMPLE MEASUREMENT										
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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