



**MSD**

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

March 20, 2007

Ms. Kathy Thurman  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Silver Heights WTP; KPDES No.: KY0028801  
Discharge Monitoring Reports – February 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of February 2007.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter  
Process Supervisor - Operations

JEP/Silver Heights 0207

Enclosures

cc: M. Mudd (DOW Louisville)  
P. Burgin  
R. Shaw  
E. G. Brady  
T. Singleton



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



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Mr. Mike Mudd  
Kentucky Division of Water  
14 Reilly Road  
Frankfort, Kentucky 40601

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME SILVER HOTS SEW CONST DIST MSD  
 ADDRESS 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40291

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

KY0028801 PERMIT NUMBER  
 0012 DISCHARGE NUMBER

MINOR (GUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER EFFLUENT  
 JEFFE

FACILITY LOCATION  
 SILVER HOTS SEW CONST DIST MSD  
 LOUISVILLE KY 40229  
 ATTN: DEBBIE NEWTON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

\*\*\* NO DISCHARGE 1 1 \*\*\*  
 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	PERMIT REQUIREMENT	*****	*****	*****	7.3	*****	*****	( 19 )	0	1/1	GRAB	
PH	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.3	( 12 )	0	1/1	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0	MINIMUM	MAXIMUM	EU	WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00550 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.00	12.00	( 19 )	0	1/1	COMP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30	60	30DA AVG	DAILY MX	MG/L	WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.85	4.00	( 19 )	0	1/1	COMP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	10	20	30DA AVG	DAILY MX	MG/L	WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.46	1.71	( 19 )	0	1/1	COMP	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG AVG	DAILY MX	MG/L	WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	1/1	1/1	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	CONTIN	CONTIN	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.010	< 0.010	( 19 )	0	1/1	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	30DA AVG	DAILY MX	MG/L	WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.J. SCHARDEN JR.  
 BY/SC 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  
 James E. Burt Jr.

TELEPHONE DATE  
 502-540-6000 07 03 20  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE MG AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

NAME SILVER HOTE SEW CONST DIST MSD  
 ADDRESS 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40291

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

KY0028801  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT

JEFFE

OMB No. 2040-0004

FACILITY SILVER HOTE SEW CONST DIST MSD  
 LOCATION LOUISVILLE KY 40229

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	6.38	118	( 13)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 50082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	10.47	27.27	( 26)	*****	3.00	6.00	( 19)	0	1/7	COMP
	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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*James E. Bate Jr*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
502	546-6000	07	03	20
AREA CODE	NUMBER	YEAR	MO	DAY

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USE MO AVG FOR BOD/TSS REMV/REPT IN MINIMUM COLUMN.