



**MSD**

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

May 23, 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 – April 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of April 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 0407

Enclosures

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



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

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME SILVER HGTS SEW CONST DIST MSD  
ADDRESS 8405 CEDAR CREEK RD  
LOUISVILLE KY 40291  
FACILITY SILVER HGTS SEW CONST DIST MSD  
LOCATION LOUISVILLE KY 40229  
ATTN: DEBBIE NEWTON

| KY0022501         |     | 001 2            |    |      |     |     |
|-------------------|-----|------------------|----|------|-----|-----|
| PERMIT NUMBER     |     | DISCHARGE NUMBER |    |      |     |     |
| MONITORING PERIOD |     |                  |    |      |     |     |
| YEAR              | MO. | DAY              | TO | YEAR | MO. | DAY |
|                   |     |                  |    |      |     |     |

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 |        |                       |             |
| PHOSPHORUS, DISSOLVED (DP)               | 00300 1 0 0        |                     |          |        | 7.1                      |          |          |       | 0      | 1/1                   | GRAB        |
| EFFLUENT GROSS VALUE                     | PERMIT REQUIREMENT |                     |          | ****   | INST MIN                 |          |          | MG/L  |        |                       |             |
| TOTAL                                    | 00400 1 0 0        |                     |          |        | 7.0                      |          | 7.2      |       | 0      | 1/1                   | GRAB        |
| EFFLUENT GROSS VALUE                     | PERMIT REQUIREMENT |                     |          | ****   | MINIMUM                  |          | MAXIMUM  | SU    |        |                       |             |
| SOLIDS, TOTAL SUSPENDED                  | 00530 1 0 0        | 10.77               | 30.40    | LBS/DY |                          | 3.75     | 9.00     |       | 0      | 1/1                   | COMB        |
| EFFLUENT GROSS VALUE                     | PERMIT REQUIREMENT | 30DA AVG            | DAILY MX | LBS/DY |                          | 30DA AVG | DAILY MX | MG/L  |        |                       |             |
| NITROGEN, AMMONIA TOTAL (AS N)           | 00610 1 2 0        | 11.47               | 19.39    | LBS/DY |                          | 5.22     | 7.95     |       | 0      | 1/1                   | COMB        |
| EFFLUENT GROSS VALUE                     | PERMIT REQUIREMENT | 30DA AVG            | DAILY MX | LBS/DY |                          | 30DA AVG | DAILY MX | MG/L  |        |                       |             |
| PHOSPHORUS, TOTAL (AS P)                 | 00685 1 0 0        |                     |          |        |                          | 0.58     | 1.87     |       | 0      | 1/1                   | COMB        |
| EFFLUENT GROSS VALUE                     | PERMIT REQUIREMENT |                     |          | ****   |                          | MO AVG   | DAILY MX | MG/L  |        |                       |             |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | 00050 1 0 0        | 0.309               | 0.825    | MGD    |                          |          |          |       | 0      | 1/1                   | 1/1         |
| EFFLUENT GROSS VALUE                     | PERMIT REQUIREMENT | 30DA AVG            | INST MAX | MGD    |                          |          |          |       |        | 00US                  |             |
| FILTRATE, TOTAL RESIDUAL                 | 00080 1 0 0        |                     |          |        |                          | 40.010   | 40.010   |       | 0      | 1/1                   | GRAB        |
| EFFLUENT GROSS VALUE                     | PERMIT REQUIREMENT |                     |          | ****   |                          | 30DA AVG | DAILY MX | MG/L  |        |                       |             |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHROBIN 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.

JAMES E. BISHOP  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

| TELEPHONE    |        | DATE |    |     |
|--------------|--------|------|----|-----|
| 500 545-6000 |        | 07   | 05 | 22  |
| AREA CODE    | NUMBER | YEAR | MO | DAY |

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
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 ADDRESS 8405 CEDAR CREEK RD  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

MINOR (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER EFFLUENT  
 \*\*\* NO DISCHARGE [ ] \*\*\*  
 JEFFE

KY0028801  
 PERMIT NUMBER  
 0012  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY

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 |        |                       |             |
| GENERAL EFFLUENT GROSS VALUE  |                    |                     |          |        |                          | 1.0      | 1.0      |       |        | 1/7                   | COMB        |
| 500. CARBONACEOUS O5 PAY, 20C |                    | 7.80                | 23.64    | LBS/DY |                          | 2.75     | 7.00     |       |        | 1/7                   | COMB        |
| EFFLUENT GROSS VALUE          |                    | 30DA AVG            | DAILY MX |        |                          | 30DA AVG | DAILY MX | MG/L  |        |                       |             |
|                               |                    |                     |          |        |                          |          |          |       |        |                       |             |
|                               |                    |                     |          |        |                          |          |          |       |        |                       |             |
|                               |                    |                     |          |        |                          |          |          |       |        |                       |             |
|                               |                    |                     |          |        |                          |          |          |       |        |                       |             |
|                               |                    |                     |          |        |                          |          |          |       |        |                       |             |
|                               |                    |                     |          |        |                          |          |          |       |        |                       |             |

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 H.J. SCHARBOM  
 EXECUTIVE DIRECTOR  
 TYPED OR PRINTED

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JAMES E. PORTER  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000  
 DATE 07 05 22  
 AREA CODE NUMBER YEAR MO DAY

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