



MSD

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

March 25, 2008

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 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of February 2008.

If you have any questions concerning the attached DMRs, please contact me at (502) 540-6031.

Sincerely,

Kevin D. Ries
Process Supervisor West Operations

KDR/Silver Heights 0208.doc

Enclosures

cc: P. Burgin
T. Singleton
R. Shaw



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



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March 25, 2008

Mr. Charlie Roth
Kentucky Division of Water
9116 Leesgate Rd
Louisville, Kentucky 40222-5084

**Re: MSD Metro Operations
Silver Heights WTP; KPDES No.: KY0028801
Discharge Monitoring Reports – February 2008.**

Dear Mr. Roth:

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

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

NAME SILVER HEIGHTS STP MSD
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY SILVER HEIGHTS STP MSD
LOCATION LOUISVILLE KY 40229
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0028901
PERMIT NUMBER

001 2
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 08 | 02 | 01 | | 08 | 02 | 29 |

*** NO DISCHARGE 1 [] ***

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) | SAMPLE MEASUREMENT | ***** | ***** | | 7.0 | ***** | ***** | (17) | Ø | 01/07 | GR |
| 00300 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | 7 INST MIN | ***** | ***** | MG/L | | WEEKLY | GRAB |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 7.0 | ***** | 7.3 | (12) | Ø | 01/07 | GR |
| 00400 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | SU | | WEEKLY | GRAB |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | 16.6 | 31.9 | (26) | ***** | 3.0 | 4.0 | (19) | Ø | 01/07 | CP |
| 00530 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 125 30DA AVG | 250 DAILY MX | LBS/DY | ***** | 30 30DA AVG | 60 DAILY MX | MG/L | | WEEKLY | COMPOS |
| NITROGEN, AMMONIA TOTAL (AS N) | SAMPLE MEASUREMENT | 4.5 | 17.0 | (26) | ***** | 0.59 | 2.1 | (19) | Ø | 01/07 | CP |
| 00610 1 2 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 41.7 30DA AVG | 83.4 DAILY MX | LBS/DY | ***** | 10 30DA AVG | 20 DAILY MX | MG/L | | WEEKLY | COMPOS |
| PHOSPHORUS, TOTAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 0.58 | 2.4 | (19) | Ø | 01/07 | CP |
| 00665 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT NO AVG | REPORT DAILY MX | MG/L | | WEEKLY | COMPOS |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.665 | 1.203 | (03) | ***** | ***** | ***** | | Ø | CN | CN |
| 00050 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | REPORT 30DA AVG | REPORT INST MAX | MGD | ***** | ***** | ***** | ***** | | CONTIN UOUS | CONTIN |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <0.010 | <0.010 | (19) | Ø | 01/07 | GR |
| 00060 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.011 30DA AVG | 0.019 DAILY MX | MG/L | | 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. | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | DATE | | |
| H.J. Schardein Exec. Director TYPED OR PRINTED | | | 502 540-6000 | 68 | 03 | 25 |

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

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

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

Form Approved.
OMB No. 2040-0004

NAME SILVER HEIGHTS STP MSD
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY SILVER HEIGHTS STP MSD
LOCATION LOUISVILLE KY 40229
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0000001
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL

JEFFE

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 08 | 02 | 01 | | 08 | 02 | 29 |

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

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|-------------------------------------|---|---------------------|---------|--------|--------------------------|---------|---------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| COLIFORM, FECAL GENERAL | | ***** | ***** | | ***** | 1.4 | 3.0 | (13) | | 01/07 | GR |
| 74055 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | *** | ***** | 200 | 400 | MG/L | | WEEKLY | GRAB |
| BOD, CARBONACEOUS 05 DAY, 20C | | 15.6 | 23.9 | (26) | ***** | 2.8 | 3.0 | (17) | | 01/07 | CP |
| 80082 1 0 0 EFFLUENT GROSS VALUE | | 62.6 | 125 | LBS/DY | ***** | 15 | 30 | MG/L | | WEEKLY | COMPOS |
| | | | | | | | | | | | |
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein
Exec. 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
Kend J. Pees

TELEPHONE 502 540-6000
DATE 08 03 25
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.