



**MSD**

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

February 26, 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 – January 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of January 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 0108.doc

Enclosures

cc: P. Burgin  
T. Singleton  
R. Shaw



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



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February 26, 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 – January 2008.**

Dear Mr. Roth:

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NAME SILVER HEIGHTS STP MSD  
ADDRESS C/O CEDAR CREEK STP  
2405 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY SILVER HEIGHTS STP MSD  
LOCATION LOUISVILLE KY 40229  
ATTN: DENNIS THOMASSON, SR METRO OPS

KY00038801  
PERMIT NUMBER

0012  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE 1 1 \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	31

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	*****	*****	*****	*****	7.0	*****	*****	( 17)	0	01/07	GR
PH	*****	*****	*****	*****	6.8	*****	7.0	( 12)	0	01/07	GR
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	*****	9.0	10.5	( 26)	*****	2.9	4.0	( 19)	0	01/07	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	*****	5.8	17.2	( 26)	*****	1.7	5.0	( 17)	0	01/07	CP
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.18	0.43	( 17)	0	01/07	CP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	*****	0.439	1.151	( 03)	*****	*****	*****	*****	0	CN	CN
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<0.010	<0.010	( 19)	0	01/07	GR

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  
Keith D. Rose

TELEPHONE DATE  
502 540-6000 08 02 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.

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

KY0028801  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	01		08	01	31

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL		*****	*****		*****	1.4	4.0	( 13)		01/07	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C		7.9	10.5	( 26)	*****	2.5	3.0	( 19)		01/07	CP
60082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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*Kenn D. Rose*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502-540-6000  
DATE: 08 02 25  
AREA CODE NUMBER YEAR MO DAY

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