

MSD

Metropolitan Sewer District

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

July 22, 2009

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Silver Heights WTP; KPDES No.: KY0028801
Discharge Monitoring Reports – June 2009.**

Dear Ms. Bentley:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of June 2009.

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

Sincerely,



John Kessel
Process Supervisor West Operations

JMK/Silver Heights 0609

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

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


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

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

KY0026801		0012					
PERMIT NUMBER		DISCHARGE NUMBER					
MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
07	06	01		07	06	01	

MINOR (SUBR LV)
F - FINAL JEFFE
SANITARY WASTEWATER EFFLUENT
*** NO DISCHARGE 1 - 0 ***

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	*****	*****		7	*****	*****	(17)	0	1/4	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	00400 1 0 0	*****	*****		7.2	*****	7.3	(12)	0	1/4	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.0 MINIMUM	*****	7.0 MAXIMUM	BU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	8	12	(20)	*****	3	3	(17)	0	1/4	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	LBS/DY	*****	30 30DA AVG	50 DAILY MX	MG/L		WEEKLY	COMPL
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 1 0	0.3	0.9	(26)	*****	0.2	0.5	(17)	0	1/4	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.7 30DA AVG	33.4 DAILY MX	LBS/DY	*****	4 30DA AVG	5 DAILY MX	MG/L		WEEKLY	COMPL
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	1.50	2.0	(17)	0	1/4	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MG AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPL
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	80050 1 0 0	0.396	0.762	(03)	*****	*****	*****		0	EN	EN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	***		CONTIN-CONTIN	UDUS
CHLORINE, TOTAL RESIDUAL	50060 1 0 0	*****	*****		*****	<0.010	<0.010	(17)	0	1/4	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.011 30DA AVG	0.017 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	
Exec Dir H.J. Schudric, Jr. TYPED OR PRINTED								508	540-6000	09	07

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)

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 40222
 ATTN: DENNIS THOMASSON, SR. METRO OPS

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

Form Approved.
 OMB No. 2040-0004

PERMIT NUMBER KY0028901

DISCHARGE NUMBER 0012

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	06	01		07	06	06

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

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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	()	0	1/4	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	300	400	*/		WEEKLY	BARB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	8.1	12	()	*****	3	3	()	0	1/4	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	15	30	MG/L		WEEKLY	CONFOG
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 H.J. Schade Jr
 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

TELEPHONE 502 540-6000
 DATE 09 07 24
 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.

Silver Heights		Report for	Jun-09		Tot. Exc.=				
Tot. Flow=	11.889		Concentrations		0				
Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Tot. Phos.
6/1/09	0.272								
6/2/09	0.235	2	3	0.45	1	3.920	5.880	0.882	2.02
6/3/09	0.253								
6/4/09	0.296								
6/5/09	0.256								
6/6/09	0.245								
6/7/09	0.247								
6/8/09	0.237								
6/9/09	0.229	3	3	0.055	1	5.730	5.730	0.105	1.91
6/10/09	0.275								
6/11/09	0.647								
6/12/09	0.656								
6/13/09	0.449								
6/14/09	0.391								
6/15/09	0.311								
6/16/09	0.359	3	3	0.055	1	8.982	8.982	0.165	1.2
6/17/09	0.332								
6/18/09	0.634								
6/19/09	0.578								
6/20/09	0.436								
6/21/09	0.415								
6/22/09	0.545								
6/23/09	0.478	3	3	0.055	1	11.960	11.960	0.219	0.961
6/24/09	0.375								
6/25/09	0.34								
6/26/09	0.762								
6/27/09	0.523								
6/28/09	0.428								
6/29/09	0.359								
6/30/09	0.326								
7/1/09									
Average	0.396	2.75	3.00	0.15	1.00	7.65	8.14	0.34	1.52
Maximum	0.762	3.00	3.00	0.45	1.00	11.96	11.96	0.88	2.02
Exceed.	7	0	0	0	0	0	0	0	

SILVER HGTS SEW C
C/O ERIC G. BRADY
4522 ALGONQUIN PK
LOUISVILLE KY
SILVER HGTS SEW C
LOUISVILLE KY 4
ATTN: H. J. SCHARDI

OXYGEN, DISSOLVE
(DO)
00300 1 0 0
EFFLUENT GROSS V,
pH

00400 1 0 0
EFFLUENT GROSS V,
SOLIDS, TOTAL
SUSPENDED

00530 1 0 0
EFFLUENT GROSS V
NITROGEN, AMMONI,
TOTAL (AS N)

00610 1 1 0
EFFLUENT GROSS V
FLOW, IN CONDUIT C
THRU TREATMENT P

50050 1 0 0
EFFLUENT GROSS V
CHLORINE, TOTAL
RESIDUAL

50060 1 0 0
EFFLUENT GROSS V,
COLIFORM, FECAL
GENERAL

74055 1 0 0
EFFLUENT GROSS V,
BOD, CARBONACEOL