



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

August 20, 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 – July 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 July 2009.

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

Sincerely,

A handwritten signature in black ink, appearing to read "J. Kessel", written over a white background.

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 0709

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

JEFFE

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

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

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

KY002B801
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD

| | | | | | | | |
|------|------|----|-----|----|------|----|-----|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 07 | 07 | 01 | | 07 | 07 | 31 |

| PARAMETER | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | 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 | ***** | ***** | (19) | 0 | 1/7 | GR |
| 00300 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | 7 | ***** | ***** | MG/L | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | **** | INST MIN | | | | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | 6.9 | ***** | 7.4 | (12) | 0 | 1/7 | GR |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | 5.0 | ***** | 9.0 | SU | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | **** | MINIMUM | | MAXIMUM | | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | 10 | 16 | (25) | ***** | 4 | 5 | (19) | 0 | 1/7 | GR |
| 00500 1 0 0 | PERMIT REQUIREMENT | 125 | 250 | LBS/DY | ***** | 30 | 50 | MG/L | | WEEKLY | COMPLUS |
| EFFLUENT GROSS VALUE | | 30DA AVG | DAILY MX | | | 30DA AVG | DAILY MX | | | | |
| NITROGEN, AMMONIA TOTAL (AS N) | SAMPLE MEASUREMENT | 0.1 | 0.2 | (25) | ***** | 0.1 | 0.1 | (19) | 0 | 1/7 | CP |
| 00610 1 1 0 | PERMIT REQUIREMENT | 16.7 | 33.4 | LBS/DY | ***** | 4 | 8 | MG/L | | WEEKLY | COMPLUS |
| EFFLUENT GROSS VALUE | | 30DA AVG | DAILY MX | | | 30DA AVG | DAILY MX | | | | |
| PHOSPHORUS, TOTAL (AS P) | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 1.8 | 2.3 | (19) | 0 | 1/7 | CP |
| 00665 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT | REPORT | MG/L | | WEEKLY | COMPLUS |
| EFFLUENT GROSS VALUE | | | | **** | | MO AVG | DAILY MX | | | | |
| FLOW IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 0.331 | 1.023 | (00) | ***** | ***** | ***** | | 0 | EN | EN |
| 00050 1 0 0 | PERMIT REQUIREMENT | REPORT | REPORT | MGD | ***** | ***** | ***** | **** | | CONTINUOUS | CONTINUOUS |
| EFFLUENT GROSS VALUE | | 30DA AVG | INST MAX | | | | | | | | |
| CHLORINE, TOTAL RESIDUAL | SAMPLE MEASUREMENT | ***** | ***** | | ***** | <0.010 | <0.010 | (19) | 0 | 1/7 | GR |
| 00060 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.011 | 0.019 | MG/L | | WEEKLY | GRAB |
| EFFLUENT GROSS VALUE | | | | **** | | 30DA AVG | DAILY MX | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Eric Dier
HJ Schick 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
DATE
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)

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

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

Form Approved.
 OMB No. 2040-0004

KY0028801
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

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

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 07 | 07 | 01 | | 07 | 07 | 31 |

FROM

TO


*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|---------|-------|--------------------------|---------|---------|----------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| COLIFORM: FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 1 | 1 | (13) | 0 | 1/4 | ER |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 200 | 400 | #/ 100ML | | WEEKLY | MAN |
| BOD, CARBONACEOUS 05 DAY, 20C 30062 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 7.7 | 12 | (26) | ***** | 3 | 3 | (17) | 0 | 1/4 | CP |
| | PERMIT REQUIREMENT | 62.6 | 125 | | ***** | 15 | 30 | MG/L | | WEEKLY | DUPUS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 H.T. Schindler 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 502 540-2000
 DATE 09 08 26
 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.

