



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

December 15, 2009

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

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

Dear Ms. Bentley:

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

For the month of November there were no exceedances, bypasses or overflow reports for Silver Heights WQTC.

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", is written over a light-colored background.

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 1109

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 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)

KY0028801 PERMIT NUMBER
 0012 DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	11	01	07	11	30

FROM

TO

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	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	(19)			WEEKLY GRAB
EFFLUENT GROSS VALUE		*****	*****	*****	INST MIN	*****	*****	MG/L			
PH	PERMIT REQUIREMENT	*****	*****	*****	6.7	*****	7.2	(12)			WEEKLY GRAB
EFFLUENT GROSS VALUE		*****	*****	*****	MINIMUM	*****	MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	PERMIT REQUIREMENT	10	14	(26)	*****	3	6	(19)			WEEKLY COMPOS
EFFLUENT GROSS VALUE		125	250	LBS/DY	*****	30	60	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0	PERMIT REQUIREMENT	0.3	0.8	(26)	*****	0.1	0.2	(19)			WEEKLY COMPOS
EFFLUENT GROSS VALUE		41.7	83.4	LBS/DY	*****	10	20	MG/L			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.2	1.8	(19)			WEEKLY COMPOS
EFFLUENT GROSS VALUE		*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	PERMIT REQUIREMENT	0.348	0.738	(03)	*****	*****	*****	*****			CONTINUOUS
EFFLUENT GROSS VALUE		REPORT	REPORT	MGD	*****	*****	*****	*****			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	20.010	20.010	(19)			WEEKLY GRAB
EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.011	0.019	MG/L			

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.	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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)

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

KY0028801
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

Form Approved,
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	11	01		09	11	30

*** NO DISCHARGE () ***

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	(13)			
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE						30DA GED	DAILY MX				
BOD, CARBONAGEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	-6	10	(26)	*****	2	2	(19)			
30082 1 0 0	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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TYPED OR PRINTED							

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