



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

March 22, 2010

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 – February 2010.**

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 February 2010.

For the month of February 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 "John Kessel", written over a white background.

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 0210

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

NAME ST. LUKES HEIGHTS WASTE MTD
ADDRESS C/O CEDAR CREEK WQTC
444 CEDAR CREEK RD
LOUISVILLE KY 40229
FACILITY ST. LUKES HEIGHTS WASTE MTD
LOCATION LOUISVILLE KY 40229
ST. LUKES THOMASSON ST METRO OPS

PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	TO
YEAR MO DAY	YEAR MO DAY

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

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 DEFICIT (DO)	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L	0	1/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	7.1	*****	7.2	MG/L	0	1/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	MG		WEEKLY	GRAB
SUSPENDED SOLIDS	SAMPLE MEASUREMENT	30	40	(20)	*****	9	13	MG/L	0	1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30	50	MG/L		WEEKLY	COMPLS
TOTAL AMMONIA	SAMPLE MEASUREMENT	0.3	0.6	(20)	*****	0.1	0.2	MG/L	0	1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	10	20	MG/L		WEEKLY	COMPLS
PHOSPHORUS TOTAL	SAMPLE MEASUREMENT	*****	*****	****	*****	0.6	1.1	MG/L	0	1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPLS
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.459	1.00	(00)	*****	*****	*****	MG/L	0	1/07	EN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MG/D	*****	*****	*****	MG/L		CONT IN CONTIN	UOUS
RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****	*****	20.010	20.010	MG/L	0	1/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	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.	TELEPHONE	DATE			
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE DO NOT FOR SOLIDS REMOVAL IN MINIMUM COLUMN

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME MILLER HEIGHTS WWTG #90

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

Form Approved.
 OMB No. 2040-0004

ADDRESS C/O CEDAR CREEK WWTG
 8415 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MILLER HEIGHTS WWTG #90
 LOCATION LOUISVILLE KY 40229
 ATTN: DENNIS THOMAS/ENR SR METRO OPS

HY0008801
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

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

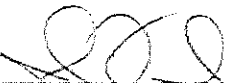
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	02	01	TO	10	02	28

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			
GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	8	21	130	0	1/07	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	17		WEEKLY	GRAB
NOB, CARBONATE/AM	SAMPLE MEASUREMENT	15.1	21.9	1.25	*****	4	5	19	0	1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS./DY	*****	15	30	1		WEEKLY	COMPOSE
	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. Schardick 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
 508 540-6000
 DATE
 10 03 22

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE THE TOP ROW FOR QUALITY REMOVAL REPT IN MINIMUM COLUMN.

