



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

September 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 – August 2010.**

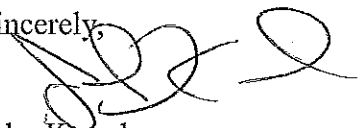
Dear Ms. Bentley:

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 August 2010.

There were no exceedances, bypasses or overflow reports for Silver Heights WQTC for the month of August.

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 0810

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
 6405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY SILVER HEIGHTS WQTC MSD
 LOCATION LOUISVILLE KY 40229
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

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

KY0025801
 0012
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	05	01		10	05	01

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						
00300 1 0 0 EFFLUENT GROSS VALUE PH	*****	*****	*****	*****	7	*****	*****	(17)	0	3/07	CR			
00400 1 0 0 EFFLUENT GROSS VALUE PH	*****	*****	*****	*****	7.0	*****	7.3	(12)	0	4/07	CR			
00500 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	8	20	(25)	*****	4	9	(17)	0	4/07	CP
00610 1 0 0 EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	0.6	0.6	(25)	*****	0.3	0.3	(17)	0	3/07	CP
00625 1 0 0 EFFLUENT GROSS VALUE PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	0.267	0.620	(03)	*****	1.6	2.0	(17)	0	4/07	CP
00650 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	REPORT	REPORT	*****	*****	REPORT	REPORT	*****	0	02	02
00660 1 0 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****	*****	*****	<0.010	<0.010	(17)	0	4/07	CR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Evan Dir
 H.T. Schauder, 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
 500 546 6000 10 09 22
 AREA CODE NUMBER YEAR MO DAY

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

NAME: SILVER HEIGHTS WQTC MSD

ADDRESS: C/O CEDAR CREEK WQTC

14015 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY: SILVER HEIGHTS WQTC MSD

LOCATION: LOUISVILLE

KY 40227

ATTN: DENNIS THOMPSON, SR METRO OPS

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

KY0028801
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

JEFFRE


MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	00	01		00	00	01

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		*****	*****		*****	5	11	(15)			
74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	200	400	100ML	0	01/07	CK
	PERMIT REQUIREMENT	*****	*****		*****	30DA GEO	DAILY MX	100ML		WEEKLY	SRND
BOD, CARBONACEOUS 5 DAY, 20C		5.3	57.6	(25)	*****	3	3	(15)			
80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	62.6	125		*****	15	30		0	01/07	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	LUMFUG
	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. Scharden Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 502 586-6000
DATE: 10 19 02
AREA CODE: 502, NUMBER: 586-6000, YEAR: 10, MO: 10, DAY: 02

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

