



MSD

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

June 26, 2007

Ms. Kathy Thurman
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Silver Heights WTP; KPDES No.: KY0028801
Discharge Monitoring Reports – May 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of May 2007. Influent pump station problems on the weekend of the 12th/13th and aerator problems on the weekend of 19th/20th caused elevated levels of ammonia. The problems were corrected by the maintenance department and plant is operating properly at this time.

If you have any questions concerning the attached DMRs, please contact me at (502)239-7695.

Sincerely,

James E. Porter
Process Supervisor - Operations

JEP/Silver Heights 0507

Enclosures

cc: M. Mudd (DOW Louisville)
P. Burgin
R. Shaw
E. G. Brady
T. Singleton



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

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME SILVER HOLE SEW CONST DIST MSD
 ADDRESS 8405 CEDAR CREEK RD
 LOUISVILLE KY 40229

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

KY0028801	001
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

JEFF L

FACILITY SILVER HOLE SEW CONST DIST MSD
 LOCATION LOUISVILLE KY 40229
 WITH DEBBIE NELSON

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

*** 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			
30300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				7.2			(17)		1/7	30300
	PERMIT REQUIREMENT			****	INST MIN			MG/L			
30400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT				6.9		7.1	(12)		1/7	30400
	PERMIT REQUIREMENT			****	MINIMUM		MAXIMUM	SU			
30520 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.80	6.00	(20)		3.00	4.00	(17)		1/7	comb
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
30610 1 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	15.14	20.58	(20)		8.92	11.60	(17)		1/7	comb
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
30660 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					0.32	0.08	(17)		1/7	comb
	PERMIT REQUIREMENT			****		REPORT MD AVG	REPORT DAILY MX	MG/L			
30750 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.239	0.595	(03)				***		2/14	0/10
	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD				****			UDUS
30060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					<0.010	<0.010	(17)		1/7	comb
	PERMIT REQUIREMENT			****		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. SCHUBERT
 EXECUTIVE DIRECTOR
 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: E. [unclear]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
500	540-6000	07	6	25
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 /36 MD AVG FOR 900/TSS REMV: REPT IN MINIMUM COLUMN.

USE Form 2220-1 (Rev. 2/00) Previous editions may be used.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME SILVER HILLS SEN CONST DIST MSD
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

KY0028801
PERMIT NUMBER
DATE
DISCHARGE NUMBER

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

FACILITY SILVER HILLS SEN CONST DIST MSD
LOCATION LOUISVILLE KY 40229
STN. OPBBIE NEWTON

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
07	05	01		07	07	01

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	SAMPLE MEASUREMENT	*****	*****		*****	1.86	4.00	(13)	0	1/7	COND
74055 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30DA GEO	DAILY MX	100ML			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.85	4.00	(29)	*****	1.75	3.00	(17)	0	1/7	COND
500, CARBONACEOUS 5 DAY, 20C	PERMIT REQUIREMENT	62.6	125		*****	30DA AVG	DAILY MX	MG/L			
70022 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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H. J. SCHEIDT SR.
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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James E. Burt
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
502-540-6000
DATE
07 6 25
AREA CODE NUMBER YEAR MO DAY

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