

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

March 20, 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 – February 2007

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of February 2007.

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 0207

Enclosures

cc: M. Mudd (DOW Louisville)

P. Burgin

R. Shaw

E. G. Brady

T. Singleton





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P. Burgin

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T. Singleton

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

SILVER WOTE SEW CURST DIST MGD

ADDRESS 8405 CEDAR CREEK RD

NAME

KY 40271

FACILITY SILVER HGTS SEW CONST DIST MED LOCATION LOUISVILLE KY 40229

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

MONITORING PERIOD

TO

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MY0028801 PERMIT NUMBER

11.

MO DAY

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FROM

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YEAR MO DAY

MINOR (SUBR LV)

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Form Approved.

OMB No. 2040-0004

F - FINAL SANITARY WASTEWATER

EFFLUENT ____ *** NO DISCHARGE | | ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	TYPE
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	SAMPLE MEASUREMENT	청류용당성 :	安全部等等		7.1	중축한분물만	7.3	(12)	0	1/1	GUB
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VITHOGEN, AMMONIA	SAMPLE MEASUREMENT	6.40	14.50	10 M	各种安全条件	1,85	4,00	(17)	0	1/1	com
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NAME/TITLE PRINCIPAL EXECUTIVE H.J. SCHOLOG IN 3 FYSC DISCUSS TYPED OR PRINTED COMMENTS AND EXPLANATION OF	prepare to assur submitt or those submitt I am aw includir	under penalty of law that the dunder my direction or supe that qualified personnel pred. Based on my inquiry of the persons directly responsible ed is, to the best of my knowlare that there are significant ig the possibility of fine and i	ervision in accordance with operly gather and evaluate the person or persons who m for gathering the informati ledge and belief, true, accura t penalties for submitting fal imprisonment for knowing v	a system designed the information anage the system, on, the informatio ate, and complete. se information,	n Ame	ATURE OF PRINCIPAL FICER OR AUTHORIZE	EXPOUTIVE 50		6000	0703	3 20 10 DAY

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病区 40岁度1

医V 再自定定学

OMB No. 2040-0004

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

MONITORING PERIOD

TO

DAY

KYOODEROT PERMIT NUMBER

MO

YEAR

FROM

DISCHARGE NUMBER

DAY

20

MO

YEAR

MINOR (MIRR (V) F - FINAL

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SANITARY WASTEWATER

EFFLUENT

SER NO DISCHARGE ! NOTE: Read Instructions before completing this form.

DEBRIE MEWION FREQUENCY SAMPLE NO. QUALITY OR CONCENTRATION QUANTITY OR LOADING PARAMETER TYPE ANALYSIS HNITS MAXIMUM AVERAGE UNITS MINIMUM MAXIMUM AVERAGE (13)在秘密技术会 在心态力等的 SAMPLE 机基础基础格 118 COLIFORM, FECAL MEASUREMENT SENERAL 400 200 在海外教教教教 经保险股票基 PERMIT 各於公安於籍 1 DAILY MX 100% onno desi REQUIREMENT resilient opiss valus (() 经经验经验证 (PA) SAMPLE CARBONACEGUS 6.00 MEASUREMENT OS DAY, ZOO 15 长长长长头子 PERMIT DATEY MX MG/L RODA AVG REQUIREMENT DATLY MX B58/UN GODA AVG PET LIPRT ORCHE VALLE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

ADDRESS SEATE CEDAR CREEK RD

LOUISVILLE

DUISVILLE

LOCATION

STILVER MOTE SEW CONST DIST MED

SILVER HOTE SEW CONST DIST MED

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

YEAR MO DAY NUMBER

TELEPHONE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

USE MG AVG FOR BOBYTSS REMVIREPT IN MINIMUM COLUMN.

DATE