



MSD

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

July 25, 2007

Mr. Mike Mudd  
Kentucky Division of Water  
9116 Leesgate Rd  
Louisville, Kentucky 40222-5084

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

Dear Mr. Mudd

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of June 2007. There were five exceptions this month associated with ammonia, four for exceeding daily limits and the other for monthly average. Low flows, ras pump problems, and a failed clarifier contributed to the exceptions. The ras pump has since been repaired and the clarifier is currently being repaired. There have been no violations in July since the problems have been identified and addressed.

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 0607

Enclosures

cc: K. Thurman (KDOW)  
P. Burgin  
R. Shaw  
E. G. Brady  
T. Singleton



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME SILVER HGTS SEW CONST DIST MSD  
ADDRESS 8405 CEDAR CREEK RD  
LOUISVILLE KY 40271

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

KY0028801	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL  
JEFFE

FACILITY SILVER HGTS SEW CONST DIST MSD  
LOCATION LOUISVILLE KY 40229  
ATTN: DEBBIE NEWTON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	05	01		07	05	30

SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE 1 \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.1	*****	*****	( 19 )	0	1/7	GRAB
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE											
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.2	( 12 )	0	1/7	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	3.52	4.80	( 26 )	*****	3.25	5.00	( 19 )	0	1/7	COMP
00530 1 0 0	PERMIT REQUIREMENT	125	250		*****	30	50			WEEKLY	COMP
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	10.96	12.17	( 26 )	*****	12.73	16.10	( 19 )	5	1/7	COMP
00610 1 1 0	PERMIT REQUIREMENT	16.7	33.4		*****	4	8			WEEKLY	COMP
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.52	2.30	( 19 )	0	1/7	COMP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			WEEKLY	COMP
EFFLUENT GROSS VALUE						MG AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.121	0.205	( 03 )	*****	*****	*****		0	1/7	CONTIN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		CONTIN	CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD						DOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 19 )	0	1/7	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019			WEEKLY	GRAB
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. J. SCHARDEIN JR.  
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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
James E. Roth

TELEPHONE	DATE
502-541-6000	7 7 23
AREA CODE NUMBER	YEAR MO DAY

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

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

NAME SILVER HOTS SEW CONST DIST MSD  
ADDRESS 8405 CEDAR CREEK RD  
LOUISVILLE KY 40291

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

KY0028801	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MINOR  
(SUBR LV)  
F - FINAL  
JEFFE

FACILITY SILVER HOTS SEW CONST DIST MSD  
LOCATION LOUISVILLE KY 40229  
ATTN: DEBBIE NEWTON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	2.21	4.00	( 13)		1/1	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GED	DAILY MX	100ML			
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	4.41	6.71	( 26)	*****	5.00	7.00	( 17)		1/1	COMP
05 DAY, 20C	PERMIT REQUIREMENT	62.5	125		*****	15	30			WEEKLY	COMPOS
80082 1 0 0		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
James E. Butler		502 540 6000	7	7	23
AREA CODE	NUMBER	YEAR	MO	DAY	

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