



MSD

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

August 22, 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 – July 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of July 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 0707

Enclosures

cc: M. Mudd (DOW Louisville)
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 HOTS SEW CONST DIST MSD

ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

FACILITY SILVER HOTS SEW CONST DIST MSD

LOCATION LOUISVILLE KY 40229

ATTN: DEBBIE NEWTON

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

KY0028801
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFFE

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

FROM

TO

*** NO DISCHARGE 1 1 ***

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, DISSOLVED (DO)					7.0					1/1	GLUE	
00300 1 0 0	PERMIT REQUIREMENT				INST MIN			MG/L				
EFFLUENT GROSS VALUE												
PH					6.7		6.9			1/1	GLUE	
00400 1 0 0	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SU				
EFFLUENT GROSS VALUE												
SOLIDS, TOTAL SUSPENDED		1.95	2.55			1.67	2.00			1/1	comb	
00500 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L				
EFFLUENT GROSS VALUE												
NITROGEN, AMMONIA TOTAL (AS N)		3.22	5.14			2.84	4.31			1/1	comb	
00610 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L				
EFFLUENT GROSS VALUE												
PHOSPHORUS, TOTAL (AS P)						1.80	3.00			1/1	comb	
00665 1 0 0	PERMIT REQUIREMENT					REPORT	REPORT	MG/L				
EFFLUENT GROSS VALUE						MD AVG	DAILY MX					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.177	0.320							1/1	comb	
00050 1 0 0	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD								
EFFLUENT GROSS VALUE												
CHLORINE, TOTAL RESIDUAL						20.010	20.010			1/1	comb	
00060 1 0 0	PERMIT REQUIREMENT					0.011	0.017	MG/L				
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX					
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	
H. J. SCHARLESIN JR EXECUTIVE DIRECTOR									525 510 6000		07	08
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO
											21	

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

USE MD 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)

AT0028801	001 2
PERMIT NUMBER	DISCHARGE NUMBER

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

FACILITY SILVER HOTS SEW CONST DIST MSD
LOCATION LOUISVILLE KY 40299
ATTN DEBBIE NEWTON

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
COLIFORM, FECA GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.00	1.00	(10)		1/1	SPR
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	DAILY MX	100ML			
BOD, CARBONACEOUS 5 DAY, 20C 80062 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1.19	1.30	(20)	*****	1.00	1.00	(17)		1/1	comR
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H. E. SCHUBERT 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. Schubert Jr.	TELEPHONE		DATE		
			502 540-6000	07	08	21	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE M1 AVG FOR BOD/TSS REMV/REPT IN MINIMUM COLUMN.