



MSD

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

September 25, 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 September 2007. There was one exception for the month for a high fecal. This was a direct result of a rain event on the 16th.

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 0807

Enclosures

cc: C. Roth (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 HGTS SEW CONST DIST MSD
ADDRESS 8405 CEDAR CREEK RD
LOUISVILLE KY 40291

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

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	08	01		07	08	31

*** NO DISCHARGE () ***

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			
OXYGEN, DISSOLVED (DO)		*****	*****		7.0	*****	*****	(19)		1/7	GRAB
00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	7	*****	*****	MG/L		WEEKLY	GRAB
PH		*****	*****		7.0	*****	7.3	(12)		1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	5.0	*****	9.0	SU		WEEKLY	GRAB
					MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED		2.64	3.73	(26)	*****	2.00	3.00	(19)		1/7	COMP
00530 1 0 0 EFFLUENT GROSS VALUE		125	250	*****	30	60	60	MG/L		WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L				
NITROGEN, AMMONIA TOTAL (AS N)		0.22	0.32	(26)	*****	0.17	0.22	(19)		1/7	COMP
00610 1 1 0 EFFLUENT GROSS VALUE		16.7	33.4	*****	4	8	8	MG/L		WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L				
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	3.66	5.81	(19)		1/7	COMP
00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	REPORT	REPORT	REPORT	MG/L		WEEKLY	COMPOS
					MO AVG	DAILY MX	MG/L				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.184	0.249	(03)	*****	*****	*****			1/7	CONTINGENT
00050 1 0 0 EFFLUENT GROSS VALUE		REPORT	REPORT	*****	*****	*****	*****			CONTINGENT	CONTINGENT
		30DA AVG	INST MAX	MGD	30DA AVG	INST MAX	MGD				
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(19)		1/7	GRAB
00060 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
					30DA AVG	DAILY MX	MG/L				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHMIDT 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 James E. Roberts
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502-540-6000
DATE 07 09 24
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.

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ATTN: DEBBIE NEWTON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
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FROM TO

*** NO DISCHARGE 1 [] ***

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****		*****	63.92	75900	(13)	1	1/1	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	3.29	7.05	(26)	*****	2.50	5.00	(17)	1	1/1	COMPO
		62.6	125		*****	15	30				
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			

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

TELEPHONE DATE
502 540-6000 07 09 24
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