



MSD

*Louisville and Jefferson County Metropolitan Sewer District*  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

October 24, 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 – September 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.

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 0907

Enclosures

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



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://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 40271

FACILITY SILVER HOTS SEW CONST DIST MSD  
LOCATION LOUISVILLE KY 40227  
ATTN: DEBBIE NEWTON

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

KY0028801	001 2
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

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	*****	*****	( 17 )		1/7	GLASS	
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L				
EFFLUENT GROSS VALUE		*****	*****			*****	*****	( 12 )		1/7	GLASS	
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.0			1/7	GLASS	
DO400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU				
EFFLUENT GROSS VALUE		*****	*****	( 25 )	*****	*****	*****	( 17 )		1/7	GLASS	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	6.58	10.31		*****	4.00	6.00			1/7	GLASS	
DO530 1 0 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L				
EFFLUENT GROSS VALUE		*****	*****	( 25 )	*****	*****	*****	( 17 )		1/7	GLASS	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.19	0.29		*****	0.12	0.17			1/7	GLASS	
DO610 1 1 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L				
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	( 17 )		1/7	GLASS	
NITROGEN, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.73	3.80			1/7	GLASS	
DO665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	NO AVG	DAILY MX	MG/L				
EFFLUENT GROSS VALUE		*****	*****	( 03 )	*****	*****	*****	*****		0/7	GLASS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.189	0.261		*****	*****	*****	*****		0/7	GLASS	
DO050 1 0 0	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD	*****	*****	*****	*****		0/7	GLASS	
EFFLUENT GROSS VALUE		*****	*****		*****	*****	*****	( 17 )		1/7	GLASS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010			1/7	GLASS	
DO060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.017	MG/L				
EFFLUENT GROSS VALUE		*****	*****	*****	*****	30DA AVG	DAILY MX	MG/L				
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.G. SCHROEDER JR EXECUTIVE VICE PRES						505-540-1000		07 10 22				
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
USE NO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

NAME SILVER HOTS SEN 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

(SUDB LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE 1 \*\*\*

JEFF

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

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

FROM

TO

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, FECAL	SAMPLE MEASUREMENT					11.50	22.00	(15)		1/7	304K
GENERAL	PERMIT REQUIREMENT					30DA GEO	DAILY MX	100ML			
EFFLUENT GROSS VALUE											
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	3.80	6.87	(25)		2.25	4.00	(17)		1/7	COMB
25 DAY, 200	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
COB2 1 0 0											
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

H. J. SCHROEDER 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.

TELEPHONE

502 540-6000

DATE

07 10 22

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

USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

James E. Bledsoe

AREA CODE

NUMBER

YEAR

MO

DAY