



**MSD**

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

November 26, 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 – October 2007**

Dear Ms. Thurman:

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

If you have any questions concerning the attached DMRs, please contact me at (502) 239-7695.

Sincerely,

James E. Porter Jr.  
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*

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

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

MINOR

NAME

PERMIT NUMBER  
KY0000001

DISCHARGE NUMBER  
001 2

(SURF LVL)

F - FINAL

JEFFL

ADDRESS 070 CEDAR CREEK STP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01	TO	07	10	31

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE I [ ] \*\*\*

ACILITY 070 CEDAR CREEK STP

LOCATION LOUISVILLE KY 40229

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
EFFLUENT GROSS VALUE		*****	*****		7.0	*****	*****	( 19)		1/7	SLIDE
PERMIT REQUIREMENT		*****	*****	INST MIN	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE		*****	*****		6.7	*****	6.8	( 12)		1/7	SLIDE
PERMIT REQUIREMENT		*****	*****	MINIMUM	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE		*****	*****	( 26)	*****	5.50	8.00	( 19)		1/7	COMB
PERMIT REQUIREMENT		30DA AVG	DAILY MX	LBS/DY	*****	30	60	MG/L		WEEKLY	COMB
EFFLUENT GROSS VALUE		*****	*****	( 26)	*****	0.14	0.17	( 19)		1/7	COMB
PERMIT REQUIREMENT		30DA AVG	DAILY MX	LBS/DY	*****	4	8	MG/L		WEEKLY	COMB
EFFLUENT GROSS VALUE		*****	*****		*****	2.65	3.20	( 19)		1/7	COMB
PERMIT REQUIREMENT		*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMB
EFFLUENT GROSS VALUE		*****	*****	( 03)	*****	*****	*****	*****		1/10	1/10
PERMIT REQUIREMENT		REPORT	REPORT	MG/D	*****	*****	*****	*****		CONTINUOUS	IN
EFFLUENT GROSS VALUE		*****	*****		*****	<0.010	<0.010	( 19)		1/7	SLIDE
PERMIT REQUIREMENT		*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
H. E. SCHAROBIN 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. Roberts Jr.*

TELEPHONE DATE  
AREA CODE NUMBER YEAR MO DAY  
502 546-6000 07 11 21

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
NO VIOLATIONS FOR 10/1/07 TO 10/31/07 IN MINIMUM COLUMN

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

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

Form Approved  
 OMB No. 2040-0004

ADDRESS 670 CEDAR CREEK ST  
 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY STEVEN D. HARRIS STY MSP  
 LOCATION LOUISVILLE KY 40229  
 JIM THOMAS

RYON/8901  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01	TO	07	10	31

SANITARY WASTEWATER  
 EFFLUENT

\*\*\* NO DISCHARGE I [ ] \*\*\*

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			
GENERAL		*****	*****		*****	5.52	31.00	( 13)	φ	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	300	400	100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.24	6.51	( 25)	*****	2.75	5.00	( 15)	φ	1/7	COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	BS/DY	*****	15	30	MG/L		WEEKLY	COMPS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H. J. SCHROEDER JR.  
 EXECUTIVE DIRECTOR  
 TYPED OR PRINTED

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

TELEPHONE  
 525 540-6000  
 DATE  
 07 11 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 NO VIOLATIONS FOR MONITORING REPORT IN MINIMUM COLUMN