



MSD

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

December 19, 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 – November 2007**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of November 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 1107

Enclosures

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



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www.louisvillegreen.com

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

MINOR
(SUFR LV)
F - FINAL

JEFFE

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

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

NAME
ADDRESS
LOUISVILLE KY 40211
LOCATION
LOUISVILLE KY 40229

PERMIT NUMBER
KY0028001

DISCHARGE NUMBER
0012

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	11	30

FROM

TO

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	SAMPLE MEASUREMENT	*****	*****		7.1	*****	*****	(19)	0	1/7	GOOD
	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.9	(12)	0	1/7	GOOD
	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GRAB
SUSPENDED	SAMPLE MEASUREMENT	10.35	11.93	(25)	*****	3.50	4.00	(19)	0	1/7	COMPL
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125	250	*****	*****	30	50	MG/L		WEEKLY	COMPL
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
TOTAL (AS N)	SAMPLE MEASUREMENT	0.42	0.47	(25)	*****	0.17	0.22	(19)	0	1/7	COMPL
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	41.7	83.4	*****	*****	10	20	MG/L		WEEKLY	COMPL
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.41	1.83	(19)	0	1/7	COMPL
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPL
						MO AVG	DAILY MX				
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.287	0.526	(03)	*****	*****	*****	*****	0	9/11	9/10
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		CONTINUED IN	UDUS
		30DA AVG	INST MAX	MGD							
RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	GOOD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
						30DA AVG	DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. SCHARDIN 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. Porter Jr.

TELEPHONE
502-540-6000
DATE
07 12 18

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

NO VIOLATIONS REPORTED IN MINIMUM COLUMN.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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YEAR	MO	DAY	TO	YEAR	MO	DAY
07	11	01		07	11	30

FROM

TO

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

ADDRESS

FACILITY

LOCATION

BY 40211

BY 40229

PARAMETER

QUANTITY OR LOADING

QUALITY OR CONCENTRATION

NO. EX

FREQUENCY OF ANALYSIS

SAMPLE TYPE

AVERAGE

MAXIMUM

UNITS

MINIMUM

AVERAGE

MAXIMUM

UNITS

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

SAMPLE MEASUREMENT

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PERMIT REQUIREMENT

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

GENERAL
EFFLUENT GROSS VALUE

55 DAY, 200
EFFLUENT GROSS VALUE

1.32

3.00

1.00

1.00

1.00

1.00

1.00

1.00

1.00

1.00

1.00

1.00

1.00

1.00

1.00

(13)

200

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James E. Butler Jr.

TELEPHONE DATE
502-540-6000 07 12 18
AREA CODE NUMBER YEAR MO DAY

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