



MSD

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

January 28, 2008

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 – December 2007.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of December 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 1207

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: **UNION HEIGHTS BTP MSD**
 ADDRESS: **740 CEDAR CREEK BTP**
740 CEDAR CREEK RD
LOUISVILLE KY 40211
 FACILITY: **UNION HEIGHTS BTP MSD**
 LOCATION: **LOUISVILLE KY 40227**
UNION HEIGHTS TUNABROOK

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

PERMIT NUMBER: **KY0528801**
 DISCHARGE NUMBER: **0012**

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01	TO	07	12	31

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			
EFFLUENT GROSS VALUE	7.1	*****	*****		7.1	*****	*****	(19)	0	1/7	GRADE
EFFLUENT GROSS VALUE	6.8	*****	*****		6.8	*****	7.1	(12)	0	1/7	GRADE
EFFLUENT GROSS VALUE	48.55	125	250	(26)	*****	5.75	11.00	(19)	0	1/7	COMP
EFFLUENT GROSS VALUE	6.04	41.7	83.4	(26)	*****	0.61	2.13	(19)	0	1/7	COMP
EFFLUENT GROSS VALUE	0.50	*****	*****		*****	0.50	0.80	(19)	0	1/7	COMP
THRU TREATMENT PLANT	0.666	REPORT	REPORT	(03)	*****	*****	*****	*****	0	1/7	CONTIN
RESIDUAL	<0.010	*****	*****		*****	<0.010	<0.010	(19)	0	1/7	GRADE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H. J. S. [Signature]
 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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	540-6000	08	01	24

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

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

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

MINOR
(SUBR LV)
F - FINAL

JEFFE

NAME SILVER HILLS STP PSD
ADDRESS C/O CEDAR CREEK STP
4435 CEDAR CREEK RD
LOUISVILLE KY 40211

XY002801
PERMIT NUMBER

001 2
DISCHARGE NUMBER

FACILITY SILVER HILLS STP PSD
LOCATION LOUISVILLE KY 40229

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

FROM

TO

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE [] ***

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			
GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	11.84	52.00	(13)		1/7	COMB
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		WEEKLY	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	18.20	53.38	(26)	*****	2.25	5.00	(19)		1/7	COMB
	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY	COMPOS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	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										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.I. SCHARDEIN JR
EXECUTIVE DIRECTOR
TYPED OR PRINTED

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James E. Portt Jr.
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)
NO VIOLATIONS FOR DOUGLAS PERMITS KEPT IN MINIMUM COLUMN.