



MSD

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

February 22, 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 – January 2007**

Dear Ms. Thurman:

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

Sincerely,

James E. Porter
Process Supervisor - Operations

JEP/Silver Heights 0107

Enclosures

cc: M. Mudd (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 HOTS BEN CONST DIST MSD
 ADDRESS 8405 CEDAR CREEK RD
 LOUISVILLE KY 40291

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

KY0028801 PERMIT NUMBER
 0012 DISCHARGE NUMBER

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT

Form 1
 WB No.

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

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

*** NO DISCHARGE ***
 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) 00300 1 0 0 EFFLUENT GROSS VALUE		*****	*****		9.2	*****	*****	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		6.8	*****	7.1	(12)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	7.0	MINIMUM MAXIMUM	0		
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE		*****	*****	(26)	*****	4.08	9.08	(19)	0	1/7	COMP
	PERMIT REQUIREMENT	125	250	LBS/DY	*****	30	60	30DA AVG DAILY MX	0		
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE		*****	*****	(26)	*****	2.17	4.37	(19)	0	1/7	COMP
	PERMIT REQUIREMENT	41.7	83.4	LBS/DY	*****	10	20	30DA AVG DAILY MX	0		
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	0.64	1.78	(19)	0	1/7	COMP
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MO AVG DAILY MX	0		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00950 1 0 0 EFFLUENT GROSS VALUE		*****	*****	(03)	*****	*****	*****	*****	0	1/7	C/N
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****	0		
CHLDRINE, TOTAL RESIDUAL 00960 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	20.010	20.010	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.019	30DA AVG DAILY MX	0		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H. J. SHAWMOSIN JR.
 EXEC. 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. Burt

TELEPHONE 502 548-6000
 DATE 7 2 16
 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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME SILVER HOTE SEW CONST DIST MSD
 ADDRESS 8405 CEDAR CREEK RD
 LOUISVILLE KY 40227
 FACILITY SILVER HOTE SEW CONST DIST MSD
 LOCATION LOUISVILLE KY 40227
 ATTN: DEBBIE NEWTON

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

KY0026801 PERMIT NUMBER
 0012 DISCHARGE NUMBER

MONITORING PERIOD
 FROM 07 01 01 TO 07 01 01

Form A
 B No.

MINOR (SUBR LV)
 F - FINAL
 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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	18.37	146.00	(13)	0	1/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	400	30DA GED		WEEKLY	STAD
BOD, CARBONACEOUS 5 DAY, 30C	SAMPLE MEASUREMENT	9.05	15.85	(26)	*****	2.0	4.0	(19)	0	1/7	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	62.5	125		*****	15	30	30DA AVG		DAILY MX	MG/L
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 H. J. SCHUBERT JR.
 BYER 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.

James E. Bette Jr.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

502 540-6000 7 2 16

AREA CODE NUMBER YEAR MO DAY

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