

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

March 25, 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 – February 2008.

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of February 2008.

If you have any questions concerning the attached DMRs, please contact me at (502) 540-6031.

Sincerely,

Kevin D. Ries

Process Supervisor West Operations

KDR/Silver Heights 0208.doc

Ken D. Res

Enclosures

cc:

P. Burgin

T. Singleton

R. Shaw





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

March 25, 2008

Mr. Charlie Roth Kentucky Division of Water 9116 Leesgate Rd Louisville, Kentucky 40222-5084

Re:

MSD Metro Operations

Silver Heights WTP; KPDES No.: KY0028801 Discharge Monitoring Reports – February 2008.

Dear Mr. Roth:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of February 2008.

If you have any questions concerning the attached DMRs, please contact me at (502)540-6031.

Sincerely,

Kevin D. Ries

Process Supervisor West Operations

Kers D. Ros

KDR/Silver Heights 0208.doc

Enclosures

cc:

P. Burgin

T. Singleton

R. Shaw



TO

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

BILVER HEIGHTS STP MSD ADDRESS C / C CEDAR CREEK STP

8405 CEDAR CREEK RD

FACILITY

KY 40211 LOUISVILLE

SILVER HEIGHTS STP MSD

LOCATION LOUISVILLE KY 40229 は又ののつ意場の注 PERMIT NUMBER

1

YEAR

FROM

including the possibility of fine and imprisonment for knowing violations.

(15) 4 (1) DISCHARGE NUMBER

1

MIMOR (SUBR LV) F - FINAL

JEFFE

SANITARY WASTEWATER MONITORING PERIOD EFFLUENT YEAR MO DΔV MO DAY

E. 57

*** NO DISCHARGE ! ! ***

RITTN: DEMNIS THOMASS	EUN. SR MI	NOTE: Read Instructions I							NO.	FREQUENCY	
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				EX.	OF ANALYSIS	TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		HIVMET OIG	
XYGEM, DISSULVED (DO)	SAMPLE MEASUREMENT	李操作的基础	普鲁萨普特族		7.0	安安安安安安	特特特特特	(147)	ø	01/07	GR
10300 % 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	经保备转换数	新华新茶茶 才	安张 教 公安教教	INST MIN	安安外安安	特许特殊共长	MAZL		WEEKLY	GRAB
† †-†	SAMPLE MEASUREMENT	各种技术条件	转音音音音		7,0	计传传设置	7,3	(12)	ø	01/07	GR
70400 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*******	####### 3	5 4 4 4 4 4 4	O.6 MUMINIM	*****	7. Ü MAXIMUM	200		UEEKLY	GRAB
OLIDS TOTAL SUSPENDED	SAMPLE MEASUREMENT	16.6	31.9	(26)	按条款条件	3.0	4.0	(19)	Ø	01/07	CP
00500 : 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	les coda ave	DAILY MX	LBS/DY	******	30DA AVG	DAILY MX			WEEKLY	COMPUE
GITROGEM, AMMONIA FOTAL (AS N)	SAMPLE MEASUREMENT	4.5	17.0	26)	计分类传统计	0.59	2.1	(197)	Ø	01/07	CP
00610 I 2 0 E <mark>ffluent großs valu</mark> e	PERMIT REQUIREMENT	41.7 SUDA AVS	DAILY MX		体长条件条件	30DA AVG	DAILY MX			WEEKLY	Jem-u:
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	经保险股份	形妆长轻粉物		经验检验 验	0.58	2,4	(19)	Ø	01/07	CP
00565 1 0 0 E <mark>ffluent ords valu</mark> e	PERMIT REQUIREMENT	海谷谷谷长安	格 连续基础。	· 华华安 新州教教	有安特特技术	REPORT MG AVG	REPORT DAILY MX	MOZL		WEEKLY	Compos
FLOW, IN COMPUIT OR THRU TREATMENT PLAN	SAMPLE	0.665	1.203	(03)	安安安安安	经经验分额税	安全会会的		Ø	CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT	REPORT	REPORT INST MAX	MOD	要於教养會最	李爷爷爷爷	张春春春春	李子子 子子子子		CONTIN UDUS	CONTI
THLORIDE, TOTAL	SAMPLE MEASUREMENT	据: 表示表示	经销售条件 等		삼작중중점	L0.010	<0.010	(19)	Ø	01/07	GR
	PERMIT REQUIREMENT	· 安兴县安存	一种特殊特殊 円	3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	并在新安特曼	110.0 SVA AGOE				WEEKLYGRAB	
NAME/TITLE PRINCIPAL EXECUTIVE H.J. Schardein Exec. D:rector	OFFICER I certiprepa to ass submit or tho	fy under penalty of law that red under my direction or su- ure that qualified personnel p tted. Based on my inquiry o- se persons directly responsib- tited is, to the best of my knd aware that there are significa	pervision in accordance with properly gather and evaluate of the person or persons who the for gathering the inform whedge and belief true as	h a system design the information manage the systemation, the information, the information and complete	em, tion etc. SIGNA	TURE OF PRINCIPAL SICER OR AUTHORIZE	EXECUTIVE 50	TELEPHO 2 540 -			3 25

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

USE MO AVO FOR BOD/TSS REMV: REPT IN MINIMUM COLUMN.

YEAR

MO

DAY

NUMBER

TYPED OR PRINTED

Form Approved. OMB No. 2040-0004

STLVER HEIGHTS STP MSD

ADDRESS C/O CEDAR CREEK STP

BAGE CEDAR CREEK RD LOUISVILLE

KY 40011

FACILITY SILVER HEIGHTS STP MED

KVAADBEAT PERMIT NUMBER

7

01

YEAR

FROM

mai a DISCHARGE NUMBER

Ož

0.5

MINDR (SUBR LV) F - FINAL

FFFFF

SAMITARY WASTEWATER MONITORING PERIOD YEAR MO DAY MO DAY

03/47

EFFLUENT

*** NO DISCHARGE ! | ***

NOTE: Read Instructions before completing this form

ATTN: DENNIS THOMASCON, SR METRO OPS						NOTE: Read Instructions before completing this form.						
PARAMETER			QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY OF	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMU	/ UNITS	EX	ANALYSIS	1112	
COLIFORM FECAL GENERAL	SAMPLE MEASUREME	在安全的设施 ENT	检验证券经验		****	1.4	3,0	(13)	Ø	01/67	GR	
74055 1 0 0 <u>EFFLUENT GROSS VALU</u> E	PERMIT REQUIREME	NT	有15日於李长 王	经保险证 经保险证	安林安特林安	200 30DA GEO	4C DAILY	A57680A		IEEKLY	GRAB	
BOD, CARBONACEGUS OS DAY, 20C	SAMPLE MEASUREME	ENT 15.6	23,9	(జెచ్)	经计设计设计	2.8	3.0			01/07	CP	
EPTLUENT GROSS VALUE	PERMIT REQUIREME	NT GODA AVO	iZS DAILY MX	Lasida	春秋春春秋春	15 30DA AVG	Darbeit artist in Francisco	IO MX MG/L		JEEKLY	COMPUS	
	SAMPLE MEASUREME	ENT	ANY THE RESIDENCE OF THE PROPERTY OF THE PROPE									
	PERMIT REQUIREME	NT										
	SAMPLE MEASUREME	ENT										
	PERMIT REQUIREME	NT										
	SAMPLE MEASUREME	ENT					A THE OTHER PROPERTY OF THE PR			***************************************		
	PERMIT REQUIREME	NT										
	SAMPLE MEASUREME	ENT	The second secon									
	PERMIT REQUIREME	NT										
	SAMPLE MEASUREME	ENT										
	PERMIT REQUIREME	NT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		ertify under penalty of law that			Example of the control of the contro	1 - Proceeding Complete, agents terring	1:3-400 as the second and all agency	TELEPHO	NE	D/	\TE	
H.J. Schardein	to	epared under my direction or sup assure that qualified personnel p bmitted. Based on my inquiry of	roperly gather and evaluate	the information	1/	1.00)					
H.J. Schardein Exec. Director	or	those persons directly responsib bmitted is, to the best of my kno m aware that there are significan	le for gathering the informative wiedge and belief, true, accurately	ation, the informaturate, and compl	tion SIGNA	TURE OF PRINCIPAL		502 540-	6000	08 0	3 25	
TYPED OR PRINTED	in	cluding the possibility of fine an	d imprisonment for knowin	g violations.	OFFI	ICER OR AUTHORIZE	D AGENT	SEE NOMBE	R	YEAR N	IO DAY	

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

USE MO AVO FOR BOD/TES REMV/REPT IN MINIMUM COLUMN.