



**MSD**

*Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)*

August 26, 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 – July 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of July 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 0708.doc

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



*Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)*

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

NAME SILVER HEIGHTS STP MSD

ADDRESS C/O CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY SILVER HEIGHTS STP MSD

LOCATION LOUISVILLE

KY 40227

ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0028801

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

JEFFE

SANITARY WASTEWATER  
EFFLUENT

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

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.0	*****	*****	( 19 )	0	%07	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE					INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.1	( 12 )	0	%07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	7.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	8.1	10.6	( 26 )	*****	5.3	7.0	( 19 )	0	%07	CP
00530 1 0 0	PERMIT REQUIREMENT	125	250		*****	30	60			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.1	0.3	( 26 )	*****	0.1	0.2	( 19 )	0	%07	CP
00610 1 1 0	PERMIT REQUIREMENT	15.7	32.4		*****	4	8			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.7	2.9	( 19 )	0	%07	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			WEEKLY	COMPOS
EFFLUENT GROSS VALUE						MD AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.225	0.524	( 03 )	*****	*****	*****		0	CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD							
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	40.010	40.010	( 19 )	0	%07	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019			WEEKLY	GRAB
EFFLUENT GROSS VALUE						30DA AVG	DAILY MX	MG/L			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		TELEPHONE		DATE		
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.											

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

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 ADDRESS C/O CEDAR CREEK STP  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY SILVER HEIGHTS STP MSD  
 LOCATION LOUISVILLE KY 40229  
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0028801  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL

Form Approved  
 OMB No. 2040-0004

JEFFI

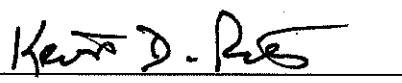
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	07	31

SANITARY WASTEWATER  
 EFFLUENT

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

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PARAMETER		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	*****	*****		*****	4	7	( 13 )		0 % 07	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	200	400 #/			WEEKLY	GRAB
EFFLUENT GROSS VALUE				***		30DA GED	DAILY MX	100ML			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	3.4	4.6	( 26 )	*****	2.3	3.0	( 19 )		0 % 07	CP
30082 1 0 0	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LB/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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H.J. Schardein Exec. Director TYPED OR PRINTED			502 540-6000 AREA CODE NUMBER	08 YEAR	8 MO	26 DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.