

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

Kew D. Res

Enclosures

cc:

T. Singleton

R. Shaw

C. Roth

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

SILVER HEIGHTS SIP MSD

ADDRESS C/G CEDAR CREEK STP BAOS CEDAR CREEK RD

LOUISVILLE **KY 40211**

FACILITY SILVER HEIGHTS STP HSD

LOCATIONLOUISVILLE

- KY 40記記室

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

MONITORING PERIOD

TO

KY0028801 **PERMIT NUMBER**

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YEAR

FROM

001 2 DISCHARGE NUMBER

YEAR MO DAY

MINOR (SUBR LV) F - FINAL

JETTE

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE | | ***

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| IAME/TITLE PRINCIPAL EXECUTIV | prepare | y under penalty of law that the ed under my direction or sup | ervision in accordance with a | a system designed | | ^ | | TELEPHON | NE . | DA | ATE |
| 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 | | | | | | | 502.540 -6000 AREA NUMBER | | 08 8 | 3 26 10 DAY | |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) USE MO AVO FOR BOD/TOS REMY; REPT IN MINIMUM COLUMN. PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

SILVER HEIGHTS STP MSD

ADDRESS C/O CEDAR CREEK STP

8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY SILVER HEIGHTS SIP MSD

LOCATIONLOUISVILLE

KY 40229

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

MONITORING PERIOD

TO

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Form Approvea.

OMB No. 2040-0004

SANITARY WASTEWATER

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*** NO DISCHARGE | | | W#*

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| 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 supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information supervision. | | | | | | | TELEPHONE | | TE | | |
| _ | that qualified personnel produced. Based on my inquiry of the | operly gather and evaluate t ie person or persons who ma | he information mage the system, | . Kei | ₹ D. Rus | 5 | | | | | |
| Exec. Director TYPED OF PRINTED | or those persons directly responsible for gathering the informatic submitted is, to the best of my knowledge and belief, true, accurate the area that there are significant penalties for submitting fals including the possibility of fine and imprisonment for knowing vi | | | te, and complete. se information, | SIGN | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | NUMBER | | VEAR M | |

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