



MSD

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

July 24, 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 – June 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of June 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 0608.doc

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



*Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com*

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

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

MINDR
(SUBR LV)
F - FINAL

JEFFE

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 40229
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0028801
PERMIT NUMBER

0012
DISCHARGE NUMBER

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 08 | 06 | 01 | | 08 | 06 | 30 |

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

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 | | | |
| OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | 7.0 | ***** | ***** | (17) | | 0/07 | GR |
| | | PERMIT REQUIREMENT | ***** | ***** | 7 INST MIN | ***** | ***** | MG/L | | WEEKLY | GRAB |
| FH 00400 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | 6.9 | ***** | 7.0 | (12) | | 0/07 | GR |
| | | PERMIT REQUIREMENT | ***** | ***** | 6.0 MINIMUM | ***** | 7.0 MAXIMUM | SU | | WEEKLY | GRAB |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE | | 6.6 | 10.5 | (26) | ***** | 4.0 | 6.0 | (17) | | 0/07 | CP |
| | | PERMIT REQUIREMENT | 125 30DA AVG | 250 DAILY MX | LBS/DY | 30 30DA AVG | 60 DAILY MX | MG/L | | WEEKLY | COMPOS |
| NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE | | 0.4 | 1.0 | (26) | ***** | 0.2 | 0.5 | (17) | | 0/07 | CP |
| | | PERMIT REQUIREMENT | 16.7 30DA AVG | 33.4 DAILY MX | LBS/DY | 4 30DA AVG | 8 DAILY MX | MG/L | | WEEKLY | COMPOS |
| PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | 1.5 | 2.2 | (17) | | 0/07 | CP |
| | | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT MD AVG | REPORT DAILY MX | MG/L | | WEEKLY | COMPOS |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE | | 0.233 | 0.338 | (03) | ***** | ***** | ***** | | | CN | CN |
| | | PERMIT REQUIREMENT | REPORT 30DA AVG | REPORT INST MAX | MGD | ***** | ***** | ***** | | CONTIN | CONTIN |
| CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE | | ***** | ***** | | ***** | <0.010 | <0.010 | (17) | | 0/07 | GR |
| | | PERMIT REQUIREMENT | ***** | ***** | ***** | 0.011 30DA AVG | 0.017 DAILY MX | MG/L | | WEEKLY | GRAB |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.J. Schardein
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
Kenneth D. Reese

TELEPHONE 562 540-6000
DATE 08 07 23
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)

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 40229
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0028801
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINDR
 (SUBR LV)
 F - FINAL

JEFFE

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 08 | 06 | 01 | | 08 | 06 | 30 |

SANITARY WASTEWATER
 EFFLUENT

*** 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 | | | |
| COLIFORM, FECAL GENERAL | | ***** | ***** | | ***** | 4 | 26 | (13) | | %7 | GR |
| 74055 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 200 30DA GED | 400 DAILY MX | #/ 100ML | | WEEKLY | GRAB |
| BOD, CARBONACEOUS 05 DAY, 20C | | 3.3 | 5.3 | (26) | ***** | 2.0 | 3.0 | (17) | | %7 | CP |
| 80082 1 0 0 EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 62.6 30DA AVG | 125 DAILY MX | LBS/DY | ***** | 15 30DA AVG | 30 DAILY MX | MG/L | | WEEKLY | COMPOS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | | | |
|--|---|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schardein 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 Kevin D. Pies | TELEPHONE | | DATE | | |
| | | | AREA CODE | NUMBER | YEAR | MO | DAY |
| | | | 502 | 540-6000 | 08 | 07 | 23 |

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