



**MSD**

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

January 23, 2009

Ms. Carolena Bentley  
Kentucky Division of Water  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Silver Heights WTP; KPDES No.: KY0028801  
Discharge Monitoring Reports – December 2008.**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of December 2008.

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

Sincerely,

John Kessel  
Process Supervisor West Operations

JMK/Silver Heights 1208

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



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

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

MINOR  
(SUBR LV)  
F - FINAL

JEFFI

SANITARY WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

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

KY0028801  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	08	12	01		08	12	31

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)	*****	*****	*****	*****	7.1	*****	*****	( 19)	0	1/2	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	*****	*****	*****	*****	6.9	*****	7.0	( 12)	0	1/2	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	7.0 MAXIMUM	EU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	9	11	( 25)	*****	4	5	( 19)	0	1/2	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	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)	*****	2.3	3.3	( 25)	*****	1	2	( 19)	0	1/2	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	41.7 30DA AVG	83.4 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	1	1	( 19)	0	1/2	Comp
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.316	1.036	( 03)	*****	*****	*****	*****	0	2/2	2/2
80050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	<0.010	<0.010	( 19)	0	1/2	Grab
80060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Exec Dir  
H.J. Sch...-Jr  
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

TELEPHONE  
DATE  
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 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

MINOR  
 (SUBR LV)  
 F - FINAL

Form Approved.  
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	12	01	08	12	31

FROM

TO

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	74055 1 0 0	*****	*****		*****	1	1	( 13)	0	1/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	30DA GEO DAILY MX 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	80082 1 0 0	5.9	6.7	( 26)	*****	3	3	( 19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	62.6	125		*****	15	30	30DA AVG DAILY MX MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 2 x c Dir  
 H. J. Schaefer, Jr.  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 502 546-6000  
 DATE  
 09 01 27  
 AREA CODE NUMBER YEAR MO DAY

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

Silver Heights		Report for	Dec-08		Tot. Exc.=		0	
Tot. Flow=	9.788	Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
12/1/08	0.229							
12/2/08	0.224	5	3	0.28	1	9.341	5.604	0.523
12/3/08	0.206							
12/4/08	0.198							
12/5/08	0.256							
12/6/08	0.212							
12/7/08	0.223							
12/8/08	0.172							
12/9/08	0.214	5	3		1	8.924	5.354	
12/10/08	0.372							
12/11/08	0.403							
12/12/08	0.262							
12/13/08	0.266							
12/14/08	0.268							
12/15/08	0.242							
12/16/08	0.269	5	3	1.4	1	11.217	6.730	3.141
12/17/08	0.286							
12/18/08	0.267							
12/19/08	0.362							
12/20/08	0.338							
12/21/08	0.296							
12/22/08	0.264	3		1.5	1	6.605		3.303
12/23/08	0.28							
12/24/08	1.036							
12/25/08	0.586							
12/26/08	0.279							
12/27/08	0.261							
12/28/08	0.432							
12/29/08	0.419							
12/30/08	0.376							
12/31/08	0.29							
Average	0.316	4.50	3.00	1.06	1.00	9.02	5.90	2.32
Maximum	1.036	5.00	3.00	1.50	1.00	11.22	6.73	3.30
Exceed.	2	0	0	0	0	0	0	0
Day Viol.								
Mo. Viol								
Minimum	0.172	MIN	MAX					
DO (min)								
pH								
TRC								

This plant has a summer ammonia limit of 4/8 mg/L and 16.7/33.4 pounds  
This plant has a winter ammonia limit of 10/20 mg/L and 41.7/83.4pounds  
Winter limits are from November - April, Summer is from May - October