

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

February 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 – January 2008.

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of January 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 0108.doc

Enclosures

cc:

P. Burgin

T. Singleton

R. Shaw





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

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SILVER HEIGHTS STP MSD

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

Form Approved. OMB No. 2040-0004

BILVER HEIGHTS STP MGD ADDRESS C/D CEDAR CREEK STP 9405 CEDAR CREEK RD

KYOODEROI PERMIT NUMBER

Oct o DISCHARGE NUMBER

DAY

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MINOR (SUBR LV) F - FINAL

JEFFE

LOUISVILLE

LOCATION TOURSVILLE

KY 40211

KY 40229

MONITORING PERIOD YEAR YEAR MO DAY MO FROM TO (3) 01 01 03 ()] SANITARY WASTEWATER EFFLUENT

*** NO DISCHARGE ! ! ***

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	III.A	ANALYSIS	lire
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GOLIDS, TOTAL BUSPENDED	SAMPLE MEASUREMENT	9.0	10.5	(26)	安特安保安	2.9	4.0	(17)	Ø	01/07	CP
00530 : 0 0 <u>Effluent Gross valu</u> e	PERMIT REQUIREMENT	125 BODA AVG	250 DAILY MX	LBS/DY	要要要要要	30 30DA AVG	DAILY MX			WEEKLY	COMPO:
VITROGEN, AMMONIA FOTAL (AS N)	SAMPLE MEASUREMENT	5.8	17.2	(26)	计计算计算	1,7	5.0	(17)	Ø	01/07	CP
30610 I Z O <mark>EFFLUENT GROSS VALU</mark> E	PERMIT REQUIREMENT	41.7 30DA AVG	E3. 4 DASLY MX	LBS/DY	化长松松长长	20DA AVG	20 DAILY MX			WEEKLY!	COMPO
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00665 1 0 0 Effluent gross value	PERMIT REQUIREMENT	******	秦 安安安 书	**************************************	*****	REPORT MO AVO	REPORT DAILY MX	MG/L		HEEKLY	COMPO
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NAME/TITLE PRINCIPAL EXECUTIVE H.J. Schardein Exec. Director	prepare to assur submitt or those submitt	y under penalty of law that to dunder my direction or sup- te that qualified personnel p- ted. Based on my inquiry of e-persons directly responsible ed is, to the best of my knoware that there are significan	ervision in accordance with roperly gather and evaluate the person or persons who le for gathering the informative wledge and belief, true, acc	h a system design the information manage the systeation, the informa curate, and compl	em, ktion lete. SIGNA	TURE OF PRINCIPAL	5	TELEPHON		_	Z 25

TYPED OR PRINTED

including the possibility of fine and imprisonment for knowing violations.

OFFICER OR AUTHORIZED AGENT

AREA NUMBER YEAR MO DAY

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

USE MO AVG FOR BODYTSS REMV: REPT IN MINIMUM COLUMN.

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

SILVER REIGHTS STE MOD

ADDRESS C/O CEDAR CREEK STP

LOUISVILLE

KY 40211

SILVER HEIGHTS STP MSD LOCATION LOUISVILLE

SACE CEDAR CREEK RD

KY 40227

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

MONITORING PERIOD

TO

YEAR

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001 0 DISCHARGE NUMBER

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JEFFE

Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE | | #**

<u>AITM: DENNIS THOMASE</u>	SON. SR METRO OFS				NOTE: Read Instructions before completing this form. OHALITY OR CONCENTRATION NO. FREQUENCY SAMPLE							
PARAMETER		QUAN	QUANTITY OR LOADING		G	QUALITY OR CONC	ENTRATION	NTRATION		l OF	SAMPLE TYPE	
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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 design			ed , \ \			TELEPHONE		D,	ATE			
H.J. Schardein	to	epared under my direction or sup assure that qualified personnel p omitted. Based on my inquiry of	roperly gather and evaluate	the information	1/2 <	<u> </u>						
Exec. Director		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			0000		2 25	
TYPED OR PRINTED									R	YEAR I	VIO DAY	

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