



MSD

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

March 24, 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 – February 2009.**

Dear Ms. Bentley:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of February 2009.

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 0209

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)

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
 SANITARY WASTEWATER
 EFFLUENT

JEFFI

MONITORING PERIOD									
FROM		YEAR	MO	DAY	TO		YEAR	MO	DAY
		07	02	01			07	02	28

*** NO DISCHARGE 1 1 ***

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)			
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.0	(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	16.0 ✓	30.0 ✓	(26)	*****	4.0 ✓	10.0 ✓	(19)			
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	1.9 ✓	5.3 ✓	(26)	*****	0.40 ✓	0.90 ✓	(19)			
00610 1 0 0	PERMIT REQUIREMENT	41.7	83.4		*****	10	20			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.40 ✓	1.5 ✓	(19)			
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	0.501 ✓	0.840 ✓	(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTIN	CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)			
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.

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LOUISVILLE

KY 40211

FACILITY SILVER HEIGHTS STP MSD

LOCATION LOUISVILLE

KY 40229

ATTN: DENNIS THOMASSON, SR METRG OPS

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

KY0028801

PERMIT NUMBER

001 2

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*** NO DISCHARGE 1 ☐ ***

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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	*****	*****		*****	1.0	1.0	(13)			
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/			
EFFLUENT GROSS VALUE				****		30DA GEO	DAILY MX	100ML			WEEKLY GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	12.8	17.5	(26)	*****	3.0	3.0	(19)			
80082 1 0 0	PERMIT REQUIREMENT	62.6	125		*****	15	30				
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			WEEKLY COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

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TELEPHONE

DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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.

Silver Heights		Report for	Feb-09		Tot. Exc.=		0	
Tot. Flow=	14.04		Concentrations				Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
2/1/09	0.647							
2/2/09	0.701							
2/3/09	0.58	2	3	0.5	1	9.674	14.512	2.177
2/4/09	0.479							
2/5/09	0.43							
2/6/09	0.426							
2/7/09	0.592							
2/8/09	0.582							
2/9/09	0.491							
2/10/09	0.699	3	3	0.9	1	17.489	17.489	5.247
2/11/09	0.84							
2/12/09	0.67							
2/13/09	0.517							
2/14/09	0.475							
2/15/09	0.418							
2/16/09	0.38							
2/17/09	0.371							
2/18/09	0.404	2	3	0.055	1	6.739	10.108	0.185
2/19/09	0.367							
2/20/09	0.33							
2/21/09	0.388							
2/22/09	0.414							
2/23/09	0.37							
2/24/09	0.361	10	3	0.055	1	30.107	9.032	0.166
2/25/09	0.347							
2/26/09	0.365							
2/27/09	0.792							
2/28/09	0.604							
3/1/09								
3/2/09								
3/3/09								
Average	0.501	4.25	3.00	0.37	1.00	16.00	12.79	1.94
Maximum	0.840	10.00	3.00	0.90	1.00	30.11	17.49	5.25
Exceed.	11	0	0	0	0	0	0	0
Day Viol.								
Mo. Viol								
Minimum	0.33 MIN	MAX						

Tot. Phos.

0.14

0.072

0.06

1.48

0.44

1.48