



MSD

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

April 20, 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 – March 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 March 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 0309

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

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE () ***

NOTE: Read Instructions before completing this form.

JEFF

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
07 08 01 07 08 01

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	*****	*****	(19)	0	1/2	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN						
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.3	(12)	0	1/2	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	SU		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM				
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	33	60	(26)	*****	12	24	(19)	0	1/2	CP
00500 1 0 0	PERMIT REQUIREMENT	125	250		*****	30	60	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	3.1	11.9	(26)	*****	1.0	4.0	(19)	0	1/2	CP
00610 1 0 0	PERMIT REQUIREMENT	41.7	83.4		*****	10	20	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.0	1.6	(19)	0	1/2	CP
00625 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE				****		MG AVG	DAILY MX				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.943	0.506	(03)	*****	*****	*****		0	1/2	CP
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	IN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		UGUE	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	1/2	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX				
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.				TELEPHONE		DATE			
Exec Dir H.J. Schodde Jr						503 546-6000		09 04 27			
TYPED OR PRINTED		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 MG AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

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ADDRESS C/O CEDAR CREEK STP

6405 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 E

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(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

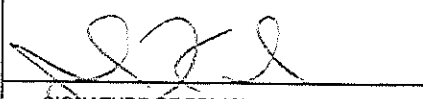
*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

JEFFE

Form Approved.
OMB No. 2040-0004

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)	0	1/7	CR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	100ML			
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	10.2	12.7	(26)	*****	4.0	4.0	(19)	0	1/7	CP
05 DAY, 20C	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY	COMPO
80082 1 0 0		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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			
Exec Dir H.J. Schuchman Jr. TYPED OR PRINTED			508 546 6600	09	09	27	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE		NUMBER	YEAR	MO	DAY

USE MD AVG FOR BOD/TSS REMV/REPT IN MINIMUM COLUMN.

Silver Heights		Report for	Mar-09		Tot. Exc.=		0	
Tot. Flow=	10.631		Concentrations				Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3
3/1/09	0.519							
3/2/09	0.425							
3/3/09	0.381	11	4	0.1	1	34.953	12.710	0.175
3/4/09	0.378							
3/5/09	0.363							
3/6/09	0.331							
3/7/09	0.345							
3/8/09	0.337							
3/9/09	0.295							
3/10/09	0.301	24	4	0.055	1	60.248	10.041	0.138
3/11/09	0.33							
3/12/09	0.305							
3/13/09	0.289							
3/14/09	0.317							
3/15/09	0.338							
3/16/09	0.295							
3/17/09	0.271							
3/18/09	0.268	9	4	0.055	1	20.116	8.940	0.123
3/19/09	0.318							
3/20/09	0.289							
3/21/09	0.289							
3/22/09	0.298							
3/23/09	0.328							
3/24/09	0.249							
3/25/09	0.358	5	3	4	1	14.929	8.957	11.943
3/26/09	0.37							
3/27/09	0.291							
3/28/09	0.389							
3/29/09	0.526							
3/30/09	0.442							
3/31/09	0.396							
Average	0.343	12.25	3.75	1.04	1.00	32.56	10.16	3.09
Maximum	0.526	24.00	4.00	4.00	1.00	60.25	12.71	11.94
Exceed.	2	0	0	0	0	0	0	0

Tot. Phos.

0.59

1.63

1.61

0.382

1.05

1.63