



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

March 26, 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 – April 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 April 2009.

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

Sincerely,

A handwritten signature in black ink, appearing to read "J. Kessel", written over a horizontal line.

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 0409

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 37.748 HEIGHTS STP MSD
ADDRESS 640 CEDAR CREEK STP
640 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY 37.748 HEIGHTS STP MSD
LOCATION LOUISVILLE KY 40229
ATTN DENNIS THOMASSON SR METRO OPS

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

PERMIT NUMBER KY00028301			DISCHARGE NUMBER 0012				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	07	07	01		07	07	06

Form Approved.
OMB No. 2040-0004
MINOR (SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1-1 ***
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			
DISSOLVED SOLIDS	00000	*****	*****		7	*****	*****	MG/L	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRND
EFFLUENT GROSS VALUE	00400	*****	*****		7.0	*****	7.2	MG/L	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	MG/L		WEEKLY	GRND
SOLIDS TOTAL SUSPENDED	00500	*****	*****		*****	*****	*****	MG/L	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	GRND
NITROGEN AMMONIA TOTAL (AS N)	00610	*****	*****		*****	*****	*****	MG/L	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	GRND
PHOSPHORUS TOTAL (AS P)	00660	*****	*****		*****	*****	*****	MG/L	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	GRND
FLOW IN CONDUIT OR THRU TREATMENT PLANT	00050	*****	*****		*****	*****	*****	MG/L	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	GRND
CHLORINE TOTAL RESIDUAL	00060	*****	*****		*****	*****	*****	MG/L	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	GRND

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			
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR
Eric Dine		502	546 1100	09	05	06

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE 70 AVG FOR BOD/FSR REMV REPT IN MINIMUM COLUMN.

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

NAME

SILVER HEIGHTS SLP MSD

ADDRESS

670 CEDAR CREEK STP

8400 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY SILVER HEIGHTS SLP MSD

LOCATION LOUISVILLE

KY 40227

ATTN: DARRIS THOMASSON SR METRO OPS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MINOR

(SUBS LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE () ***

JEFF

Form Approved.
OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR MO DAY

TO

YEAR MO DAY

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			
COLIFORM FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(10)	0	01/07	CR
74055 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	300	400	100ML		WEEKLY	FORM
EFFLUENT GROSS VALUE				***		300A AVG	DAILY MX	100ML			
300, CARBONACEOUS	SAMPLE MEASUREMENT	13	21	(25)	*****	3	4	(10)	0	01/07	CP
05 DAY, 200	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY	COMPOS
90083 0 0		300A AVG	DAILY MX	LBS/DY		300A AVG	DAILY MX	NO/L			
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir

H.T. Schade 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

[Signature]

TELEPHONE

509 546-6600

DATE

09 05 06

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

USE MD AVG FOR 300/30 REMV. REPT IN MINIMUM COLUMN.

