



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

June 17, 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 – May 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 May 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", with a stylized flourish at the end.

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 0509

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 BTP MSD
 ADDRESS C/O CEDAR CREEK BTP
 8415 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY SILVER HEIGHTS BTP MSD
 LOCATION LOUISVILLE KY 40229
 BTPX JAMES H. HANCOCK JR. METRO DPE

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

Form Approved.
 OMB No. 2040-0004

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

MINOR
 (SUBR LV)
 P - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE () ***

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	1/07	GR
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.2	()	0	4/07	GR
DO400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	50		WEEKLY	GR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	12	18	()	*****	3	4	()	0	4/07	CP
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	125	250	LBS/DY	*****	30	50	MG/L		WEEKLY	CP
DO500 0 0 0	SAMPLE MEASUREMENT	0.9	2.1	()	*****	0.3	0.5	()	0	4/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125	250	LBS/DY	*****	30	50	MG/L		WEEKLY	CP
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	0.9	2.1	()	0	4/07	CP
DO610 1 1 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	CP
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.9	2.1	()	0	4/07	CP
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	CP
DO660 1 0 0	SAMPLE MEASUREMENT	0.443	0.908	()	*****	*****	*****	*****	0	4/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		WEEKLY	CP
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****	0	4/07	GR
DO680 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		WEEKLY	GR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****	0	4/07	GR
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		WEEKLY	GR
DO690 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	*****	0	4/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		WEEKLY	GR

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 300/350 REMOVAL 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: DONALD THOMASSON, JR. METRO OPS

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

PERMIT NUMBER 1000000001

DISCHARGE NUMBER 0012

MINOR (SDR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ***

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	2000	01	01		2000	01	01

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLORIM. POTAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	1 10/	0	01/07	GR
1/4012 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	1/		WEEKLY	GRHS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	11.3	14	1 25/	*****	300A GEO	DAILY MX	100ML			
RED. CAPTIONACEOUS	PERMIT REQUIREMENT	62.5	125		*****	15	30		0	01/07	CP
05 DAY. 20C	SAMPLE MEASUREMENT										
00082 1 0 0	PERMIT REQUIREMENT	300A AVG	DAILY MX	LBS/DY		300A AVG	DAILY MX	MG/L		WEEKLY	CONPUS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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.J. Schudrin 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 502 540-6000
DATE 09 06 22
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SE MD AVG FOR BOD/TSS REMOVED IN MINIMUM COLUMN.

Silver Heights		Report for		May-09		Tot. Exc.=		0	
Tot. Flow=	13.748	Concentrations		Pounds					
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
5/1/09	0.389								
5/2/09	0.517								
5/3/09	0.498								
5/4/09	0.543	4	3	0.06	1	18.114	13.586	0.272	0.381
5/5/09	0.449								
5/6/09	0.508								
5/7/09	0.559								
5/8/09	0.908								
5/9/09	0.858								
5/10/09	0.61								
5/11/09	0.512	3	3	0.5	1	12.810	12.810	2.135	0.06
5/12/09	0.434								
5/13/09	0.364								
5/14/09	0.451								
5/15/09	0.539								
5/16/09	0.672								
5/17/09	0.518								
5/18/09	0.407								
5/19/09	0.383	4	3	0.055	1			0.176	0.977
5/20/09	0.339								
5/21/09	0.332								
5/22/09	0.308								
5/23/09	0.297								
5/24/09	0.293								
5/25/09	0.308								
5/26/09	0.275								
5/27/09	0.301	2	3	0.45	1	5.021	7.531	1.130	2.12
5/28/09	0.336								
5/29/09	0.286								
5/30/09	0.28								
5/31/09	0.274								
<hr/>									
Average	0.443	3.25	3.00	0.27	1.00	11.98	11.31	0.93	0.88
Maximum	0.908	4.00	3.00	0.50	1.00	18.11	13.59	2.14	2.12
Exceed.	11	0	0	0	0	0	0	0	