

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

August 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 – July 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 July 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 0709

Enclosures

cc:

T. Singleton

R. Shaw

C. Roth



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

SILVER MEIGHTS WOTC MED

ADDRESS C/O CEDAR CREEK WOTC

BACE CEDAR GREEK RD

LOUISVILLE

MY 40211

FACILITY BILVER HEIGHTS WOTC MED LOCATION LOUISVILLE

KY 40227

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

MONITORING PERIOD

KY0028801 PERMIT NUMBER

YEAR MO

001 2 DISCHARGE NUMBER

YEAR MO

DAY

MIMOR (SUBR LV) F - FINAL Form Approved. OMB No. 2040-0004

JEFFE

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE |_ | ***

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DAY

ATTN: DEMNIS THOMASS	NOTE: Read Instructions before completing this form.										
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	'''-
OXYGEM, DISSOLVED (DB)	SAMPLE MEASUREMENT	物於於於於於	整本發於各於		7	经保持贷款	经经验检验	(19)	0	1/7	EK
00300 : 0 0 Effluent gross value	PERMIT REQUIREMENT	各於於於於榜榜	泰拉特尔姓斯 转	· 中水中 大安安安	INST MIN	经存在标卷块	松村长竹竹村	MG/L		ESAL Y	JR AD
T Juni	SAMPLE MEASUREMENT	转换转给转移	安安安安安安		6.9	经存在存款	7.4	122	0	1/7	GR
00400 : 0 0 FFFUENT GEOSS VALUE	PERMIT REQUIREMENT	特於於於於於	****	*** *****	C & MUNIMIN	松松香香香香	9.0 MAXIMUM	SU		ELALY	JR AU
solids: Total B uspended	SAMPLE MEASUREMENT	13	16	(26)	经营销销额	4	5		0	1/2	GR
00530 1 0 0 Effluent gross value	PERMIT REQUIREMENT	BVA ACCE	DAILY MX	LBS/DY	华州教育社会	30 30DA AVG	DAILY MX	MG/L		Acceptant Page 1	
JITAOGEM, AMMOWIA FOTAL (AS N)	SAMPLE MEASUREMENT	0.	0.2	(25)	经营业的	0.1	0.1	(197	(1/7	CP
MATO 1 1 0 EFFEDENT GROSS VALUE	PERMIT REQUIREMENT	lá.7 30DA AVG	DAILY MX	LBS/DY	整体特殊性格	30DA AVG	DAILY MX	Me/L		ger few 15 Sage Sheet 7 Kone 1	Section 1
PHOSPHORUG: TOTAL (AS P)	SAMPLE MEASUREMENT	经保持经验	特势特势势势		特别特殊特	1.8	2.3	(19)	0	1/2	CP
00665 1 0 0 Septuent gross value	PERMIT REQUIREMENT	格特特特特	经 经验会验数 型	10 李 李 李 李	*****	REPORT MD AVG	REPORT DAILY HX	MG/L		EEKLY	
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.337	1.023	(93)	格拉特拉安特	各体查验证券	各种种种种		0	en	CN
50050 1 U C Effluent gross value	PERMIT REQUIREMENT	REPORT GODA AVG	REFORT INST MAX	14D	*****	计算性存储	经验检验的特	· 安安安全		UNITE UDUS	
THEORINE TOTAL	SAMPLE MEASUREMENT	经收收收款	· · · · · · · · · · · · · · · · · · ·		特格特特格特	20.010	<0.010		0	1/7	GR
50060 i 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	and the least	*******	**** ****		0.011 30DA AVG	DAILY MX	MGZL	i,	EEKLY	MKAX
NAME/TITLE PRINCIPAL EXECUTIVE	prepare to assur submitt or those submitt	under penalty of law that the dunder my direction or sup- e that qualified personnel pred. Based on my inquiry of e persons directly responsible dis, to the best of my know ware that there are significan	ervision in accordance with roperly gather and evaluate the person or persons who me e for gathering the informat dedge and belief, true, accur	a system designed the information nanage the system, ion, the information rate, and complete	on Sign	ATURE OF PRINCIPAL	EXECUTIVE			A9 (ATE
TYPED OR PRINTED	includii	yare that there are significan ng the possibility of fine and	imprisonment for knowing			FICER OR AUTHORIZE		DE NUMBE	R	YEAR I	MO DAY

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

USE MC AVG FOR BOD/TSS REMVIREPT IN MINIMUM COLUMN.

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PERMITTEE NAME/ADDRESS,(Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) Form Approved. OMB No. 2040-0004 SILVER HEIGHTS WOTC MED MINOR ADDRESS C/O CEDAR CREEK WOTO KY0028801 001 2 (SUBR LV) GAOS CEDAR CREEK RD PERMIT NUMBER DISCHARGE NUMBER F - FINAL LOUISVILLE KY 40211 SANITARY WASTEWATER **FACILITY MONITORING PERIOD** SILVER HEIGHTS WOTC MED LOCATION LOUISVILLE EFFLUENT YEAR MO DAY YEAR MO DAY KY 40229 FROM *** NO DISCHARGE : <u>ATIN' DEMMIS THUMASSOW, SR METRO OPS</u> NOTE: Read Instructions before completing this form. **PARAMETER** QUANTITY OR LOADING QUALITY OR CONCENTRATION FREQUENCY NO. SAMPLE ΕX TYPE ANALYSIS **AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS COLIFORM: FECAL SAMPLE 传播特特特特 野野野野野 经存货的证据 137 PENERAL MEASUREMENT GR 74055 : ₹7 PERMIT 经验会会验验 野经验教授的 经股长公 的技术技术的 200 400 erklywrab <u>EFFLUENT GROSS VALUE</u> REQUIREMENT ·安安安 BODA GEO DAILY MX 100M BUDA CARBONACEBUS SAMPLE 7,04 **** (19) MEASUREMENT DAY, ZOC 30083 1 5 **PERMIT** 62.6 125 张林林安长长 T have 30 Farm Lore Lt. Jacob OMMOS FFFILIENT GROSS VALUE REQUIREMENT 30DA AVG DAILY MX BS/DY BUDA AUG DAILY MX 四岛子生 SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

Exection H.T. Schoolshit

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

SO S40.000 09 08 26 ARBA NUMBER YEAR MO DAY

TELEPHONE

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

USE MO AVG FOR BODYTES REMV; REPT IN MINIMUM COLUMN.

PERMIT
REQUIREMENT
SAMPLE
MEASUREMENT
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REQUIREMENT

DATE

Silver Heigh Tot. Flow=	h ts 10.252	Report for	Jul-09 Concent	rationa	Tot. Exc.=	0	Daniela					
Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Tot Dhan		•	
7/1/09	0.279		202	14110	1	100	БОБ	NHO	Tot. Phos.	•		
7/2/09	0.281	3	3	0.055	'	7.031	7.031	0.400				
7/3/09	0.257	Ū		0.000		7.031	7.031	0.129				
7/4/09	0.262								1.69			
7/5/09	0.304											
7/6/09	0.271						•					
7/7/09	0.245											
7/8/09	0.222											
7/9/09	0.227	3	3	0.055	4	F 000						
7/10/09	0.212		3	0.055	1	5.680	5.680	0.104	2.08			
7/11/09	0.212											
7/12/09	0.22											
7/13/09	0.212					-						
7/14/09	0.212											
7/15/09	0.198											
7/16/09	0.243	. E	2	0.055		0.044						
7/10/09	0.230	5	3	0.055	· 1	9.841	5.905	0.108	2.25			
7/17/09	0.308											
7/19/09	0.252											
7/19/09	0.254											
7/20/09	0.219			•								
7/21/09	0.219											
7/23/09	0.337	4	2	0.055	,							
7/24/09	0.463	4	3	0.055	1	16.113	12.085	0.222	0.96			
7/24/09 7/25/09	0.362			•								
7/26/09	0.35											
7/27/09												
7/28/09	0.279 0.276											
7/29/09 7/30/09	1.023											
7/30/09 7/31/09	0.732											
	0.732								<u> </u>			
Average	0.331	3.75	3.00	0.06	1.00	9.67	7.67	0.14	1.75			
Maximum	1.023	5.00	3.00	0.06	1.00	16.11	12.08	0.22	2.25			
Exceed.	4	. 0	0	0	0	0	0	0				

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