



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

October 21, 2009

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re: MSD Metro Operations
Silver Heights WQTC; KPDES No.: KY0028801
Discharge Monitoring Reports – September 2009.

Dear Ms. Bentley:

Attached are the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Silver Heights WQTC, KPDES No.: KY0028801 for the month of September 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 "John Kessel", with a stylized, looping flourish at the end.

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 0909

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

NAME SILVER HEIGHTS WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY SILVER HEIGHTS WQTC MSD
LOCATION LOUISVILLE KY 40229
ATTN: DENNIS THOMASSON, SR METRO OPS

DISCHARGE MONITORING REPORT (DMR)

UMB No. 2040-0004

KY0028801

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINALSANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 ***

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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(19)			
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.4	(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	GU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	7	13	(26)	*****	3	5	(19)			
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.4	0.7	(26)	*****	0.2	0.5	(19)			
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	18.7 30DA AVG	33.4 DAILY MX	LBS/DY	*****	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.9	2.3	(19)			
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.326	1.120	(03)	*****	*****	*****				
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	MONITORING
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	60.010	60.010	(19)			
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB
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	MO

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

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

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

NAME SILVER HEIGHTS WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY SILVER HEIGHTS WQTC MSD
 LOCATION LOUISVILLE KY 40229
 ATTN: DENNIS THOMASSON, SR METRO DPS

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

KY0028801
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
09	09	01		09	09	30

SANITARY WASTEWATER
 EFFLUENT

*** 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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)			
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			WEEKLY GRAB	
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	5.1	8.4	(26)	*****	3	3	(19)			
30082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY COMPOSITE	
	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LB/DY		30DA AVG	DAILY MX	MG/L			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	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		
			AREA CODE	NUMBER	YEAR	MO

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

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

Silver Heights		Report for	Sep-09		Tot. Exc.=		0		
Tot. Flow=	9.782		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
9/1/09	0.197								
9/2/09	0.198	5	3	0.45	1	8.257	4.954	0.743	2.03
9/3/09	0.193								
9/4/09	0.18								
9/5/09	0.187								
9/6/09	0.202								
9/7/09	0.222								
9/8/09	0.173								
9/9/09	0.167	1	3	0.056	1	1.393	4.178	0.078	2.31
9/10/09	0.187								
9/11/09	0.166								
9/12/09	0.179								
9/13/09	0.196								
9/14/09	0.175								
9/15/09	0.182								
9/16/09	0.18	3	2	0.056	1	4.504	3.002	0.084	
9/17/09	0.187								2.34
9/18/09	0.179								
9/19/09	0.174								
9/20/09	0.42								
9/21/09	0.592								
9/22/09	0.389								
9/23/09	0.503	3	2	0.17	1	12.585	8.390	0.713	0.754
9/24/09	0.472								
9/25/09	0.593								
9/26/09	0.706								
9/27/09	1.12								
9/28/09	0.607								
9/29/09	0.466								
9/30/09	0.39								
Average	0.326	3.00	2.50	0.18	1.00	6.68	5.13	0.40	1.86
Maximum	1.120	5.00	3.00	0.45	1.00	12.59	8.39	0.74	2.34
Exceed.	6	0	0	0	0	0	0	0	