



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

November 19, 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 – October 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 October 2009.

For the month of October there were no exceedances, bypasses or overflow reports for Silver Heights WQTC.

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", is written over a horizontal line.

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 1009

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 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 THOMASSEN, SR METRO OPS

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
09	10	01	TO	09	10	31

FROM

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 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			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(19)			
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.4	(12)			
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	7	11	(26)	*****	2	2	(19)			
00530 1 0 0	PERMIT REQUIREMENT	125	250		*****	30	60			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	2	7.3	(26)	*****	0.4	1.3	(19)			
00610 1 1 0	PERMIT REQUIREMENT	16.7	33.4		*****	4	8			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.9	1.2	(19)			
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			WEEKLY	COMPOS
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.564	1.424	(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTIN	CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		UDUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)			
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011	0.019			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
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 MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	/	/	(13)			
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	8.2	11.2	(26)	*****	2	3	(19)			
	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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			AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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

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

Silver Heights		Report for	Oct-09		Tot. Exc.=		0		
Tot. Flow=	17.489		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
10/1/09	0.353	2	3	0.056	1	5.888	8.832	0.165	
10/2/09	0.877								0.991
10/3/09	0.609								
10/4/09	0.353								
10/5/09	0.406								
10/6/09	0.388								
10/7/09	0.357								
10/8/09	0.442	2	2	0.11	1	7.373	7.373	0.405	1.19
10/9/09	1.424								
10/10/09	1.111								
10/11/09	0.726								
10/12/09	0.551								
10/13/09	0.465								
10/14/09	0.638								
10/15/09	0.671	2	2	1.3	1	11.192	11.192	7.275	0.311
10/16/09	0.534								
10/17/09	0.472								
10/18/09	0.434								
10/19/09	0.388								
10/20/09	0.365								
10/21/09	0.33								
10/22/09	0.322	2	2	0.11	1	5.371	5.371	0.295	1.17
10/23/09	0.504								
10/24/09	0.458								
10/25/09	0.395								
10/26/09	0.348								
10/27/09	0.436								
10/28/09	0.88								
10/29/09	0.587								
10/30/09	0.526								
10/31/09	1.139								
Average	0.564	2.00	2.25	0.39	1.00	7.46	8.19	2.04	0.92
Maximum	1.424	2.00	3.00	1.30	1.00	11.19	11.19	7.27	1.19
Exceed.	14	0	0	0	0	0	0	0	