



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

April 22, 2010

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 – March 2010.**

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 March 2010.

For the month of March 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 light blue horizontal line.

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 0310

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
 8475 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY SILVER HEIGHTS WQTC MSD
 LOCATION LOUISVILLE KY 40227
 ATTN: DENNIS THOMPSON, SR. METRO OPS

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

PERMIT NUMBER K70028801
 DISCHARGE NUMBER 001

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
99	05	01		99	05	01

FROM

TO

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			
OXYGEN DISSOLVED (DO)		*****	*****		7	*****	*****	(19)	0	1/10	GR
DO3000	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH		*****	*****		7.1	*****	7.4	(12)	0	1/10	GR
PH4000	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	DU		WEEKLY	GRAB
SOLIDS TOTAL SUSPENDED		13	19	(26)	*****	5	8	(19)	0	1/10	CP
DO3000	PERMIT REQUIREMENT	135	250	*****	30DA AVG	30	50	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L				
NITROGEN AMMONIA TOTAL (AS N)		0.6	1.1	(26)	*****	0.2	0.5	(19)	0	1/10	CP
DO3000	PERMIT REQUIREMENT	41.7	53.4	*****	30DA AVG	10	20	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY	30DA AVG	DAILY MX	MG/L				
PHOSPHORUS TOTAL (AS P)		*****	*****		*****	1.5	1.7	(19)	0	1/10	CP
DO3000	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE		*****	*****	****	NO AVG	DAILY MX	MG/L				
FLOW (1.0 CUBIC FT) THRU TREATMENT PLANT		0.296	0.378	(03)	*****	*****	*****		0	1/10	LN
DO3000	PERMIT REQUIREMENT	REPORT	REPORT	*****	*****	*****	*****	*****		CONTIN	CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD	*****	*****	*****	*****		UCUS	
CHLORINE TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(19)	0	1/10	GR
DO3000	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
Even Dir H.T. Schardon Jr TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE MD AVG FOR 30D/155 REMV REPT IN MINIMUM COLUMN

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

NAME SILVER HEIGHTS WGTG MBD

ADDRESS C/O CEDAR CREEK WGTG

8415 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY SILVER HEIGHTS WGTG MBD

LOCATION LOUISVILLE

KY 40227

ATTN: DANNIE THOMASSEN, OR METRO OPS

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

PERMIT NUMBER KY0022801

DISCHARGE NUMBER 001 2

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTE/SEWER

EFFLUENT

*** NO DISCHARGE 1/1/01 ***

JEFF

Form Approved
OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
10	12	31	11	01	31

FROM

TO

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	*****	*****		*****	9	16		0	1/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		WEEKLY	GRAS
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	9.7	13.9 14	(25)	*****	4	6		0	1/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	15	30			WEEKLY	COMPL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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		
EX-16 Dir H. J. Schuchman, Jr. TYPED OR PRINTED			502 540-6600	10	01	21

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

USE NO AVG FOR BOD/TSS REM/REPT IN MINIMUM COLUMN.

Silver Heights		Report for	Mar-10		Tot. Exc.=		0				
Tot. Flow=		9.187		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
3/1/10	0.311										
3/2/10	0.303	2	4	0.45	9	5.054	10.108	1.137	0.957		
3/3/10	0.294										
3/4/10	0.285										
3/5/10	0.272										
3/6/10	0.29										
3/7/10	0.295										
3/8/10	0.277										
3/9/10	0.278	8	6	0.056	6	18.548	13.911	0.130	1.65		
3/10/10	0.282										
3/11/10	0.275										
3/12/10	0.286										
3/13/10	0.298										
3/14/10	0.295										
3/15/10	0.284										
3/16/10	0.277	8	4	0.17	7	18.481	9.241	0.393	1.74		
3/17/10	0.27										
3/18/10	0.26										
3/19/10	0.257										
3/20/10	0.262										
3/21/10	0.295										
3/22/10	0.378										
3/23/10	0.329	3	2	0.28	16	8.232	5.488	0.768	1.64		
3/24/10	0.296										
3/25/10	0.308										
3/26/10	0.352										
3/27/10	0.333										
3/28/10	0.348										
3/29/10	0.313										
3/30/10	0.301										
3/31/10	0.283										
Average	0.296	5.25	4.00	0.24	8.82	12.58	9.69	0.61	1.50		
Maximum	0.378	8.00	6.00	0.45	16.00	18.55	13.91	1.14	1.74		
Exceed.	0	0	0	0	0	0	0	0			