



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

May 24, 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 – April 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 April 2010.

For the month of April 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 the word "Sincerely,".

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 0410

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

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

JEFFE

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)	0	01/07	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.9	(12)	0	01/07	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	SD			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	20	34	(26)	*****	7	9	(19)	0	01/07	CP
00500 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	1.3	1.9	(26)	*****	0.5	0.5	(19)	0	01/07	CP
00610 1 2 0	PERMIT REQUIREMENT	41.7	83.4		*****	10	20			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.6	2.3	(19)	0	01/07	CP
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	0.384	0.572	(03)	*****	*****	*****		0	01/07	CP
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	(19)	0	01/07	GR
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			
Exec Dir H T Schindler Jr TYPED OR PRINTED						502 546-6100 AREA CODE NUMBER		10 05 27 YEAR MO DAY			
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	SAMPLE MEASUREMENT	*****	*****		*****	9	20	(13)	0	01/07	CK
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA GED	DAILY MX	100ML			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	9.1	17.2	(26)	*****	3	4	(19)	0	01/07	CP
80082 1 0 0	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	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. Schaefer, 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

DATE

502 AREA CODE

540-6666 NUMBER

10 YEAR 05 MO 27 DAY

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	Apr-10		Tot. Exc.=		0		
Tot. Flow=		9.71	Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
4/1/10	0.272								
4/2/10	0.273								
4/3/10	0.276								
4/4/10	0.263								
4/5/10	0.257	3	2.48	0.45	4	6.430	5.316	0.965	2.27
4/6/10	0.249								
4/7/10	0.254								
4/8/10	0.544								
4/9/10	0.39								
4/10/10	0.342								
4/11/10	0.331								
4/12/10	0.292	9	3	0.5	6	21.918	7.306	1.218	1.32
4/13/10	0.289								
4/14/10	0.292								
4/15/10	0.281								
4/16/10	0.285								
4/17/10	0.279								
4/18/10	0.277								
4/19/10	0.254	8	3.03	0.45	11	16.947	6.419	0.953	2.04
4/20/10	0.244								
4/21/10	0.243								
4/22/10	0.241								
4/23/10	0.259								
4/24/10	0.399								
4/25/10	0.572								
4/26/10	0.514	8	4	0.45	20	34.294	17.147	1.929	0.624
4/27/10	0.463								
4/28/10	0.392								
4/29/10	0.354								
4/30/10	0.329								
Average	0.324	7.00	3.13	0.46	8.52	19.90	9.05	1.27	1.56
Maximum	0.572	9.00	4.00	0.50	20.00	34.29	17.15	1.93	2.27
Exceed.	3	0	0	0	0	0	0	0	