

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

June 6, 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 – May 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 May 2010.

For the month of May 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.

John Kessel

**Process Supervisor West Operations** 

JMK/Silver Heights 0510

**Enclosures** 

cc:

T. Singleton

R. Shaw

C. Roth



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

NAME SILVER HEIGHTS WOTC MSD

ADDRESS C/O CEDAR CREEK WOTC

SACS CEDAR CREEK RD

ATTN: DENNIS THOMASSON, SR METRO OPS

LOUISVILLE

KY 40211

FACILITY SILVER HEIGHTS WGTC MSD LOUISVILLE

XY 40227

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

MONITORING PERIOD

TO

KYOO28801 PERMIT NUMBER

DAY

3

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YEAR

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FROM

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DISCHARGE NUMBER

DAY.

YEAR MO

MINOR (SUBR LY) F - FINAL

LV) Mai

JEFFE

Form Approved.

OMB No. 2040-0004

F - FINAL SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE | \_\_ | \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				140.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
DXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	李章章章章	全家本部委員		フ	***	48-42-42-42-42	1 147	0	01/2	GR
00300 : 0 0 <u>effluent ordes valu</u> e	PERMIT REQUIREMENT	· 安全本本公安	电影音乐音乐 山	*** ****	INST MIN	*****	****	MGZL		WEENLY	yka
2. M	SAMPLE MEASUREMENT	<b>经验检验验</b>	宗宗教教教宗		7,0	李松安安安安	7.4	(注)	0	0/27	CK
00400 t 0 0 <u>effluent ords</u> value	PERMIT REQUIREMENT	<b>李字於李宗於</b>	存在存存者 人	李宗宗宗李宗宗	6.0 MINIMUM	· "你你你你你。	7. D. MAXIMUM.	<b>ន</b> ប		REERLY	en eu
SDLIDS: TOTAL SUSPENDED	SAMPLE MEASUREMENT	15	36	( 26)	<b>安安安安安</b>	4	7	( 197	0	3/67	CP
00530 ( 0 0 Effluent gross value	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	LESZDY	<b>经种类种金松</b>	OE OVA AGOE	DAILY MX			かとたれにす	ULITY UZ
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1,0	1,2	( E6)	<b>安安安安安</b>	0.3	0.5	( 19)	0	01/07	£7
00610 1 1 0 <u>Effluent gross valu</u> s	PERMIT REQUIREMENT	16.7 30DA AVG	33.4 Daily MX	LBS/DY	<b>学会教教会会</b>	GODA AVG	DAILY MX			<b>がたたいに</b> 入	CUMPUS
PHOSPHORUS, TOTAL (AS F)	SAMPLE MEASUREMENT	按於於於衛發	於於婚女而於		· ************************************	1.5	3.6	1 ( 19)	0	01/07	LP
<del></del>	PERMIT REQUIREMENT	<b>李宗宗宗教</b>	本 容容容容容容	*************************************	李林本本本本	MO AVE	REPUR: DAILY MX	PSQ/L		WEENLY	CUMPUE
B	SAMPLE MEASUREMENT		Q.081	( 03)	教教者教養於	李安京李宗章	****		0	CN	en
50050 1 0 0 Effluent gross value	PERMIT REQUIREMENT	REPORT 30DA AVO	REPORT INST MAX	MGD	· 计各种条件	<b>新的会会的</b>	安安尔安安安	<b>安安安安</b>		OBRE TOWLTM	CERTAR
CHLORINE, TOTAL. RESIDUAL	SAMPLE MEASUREMENT	李章於於於於於	<b>非价量费分</b> 量		会会会会会会。 	<0,0,0	20.010		0	01/07	GR
S0050 1 0 0 Effluent gross value		经物格给税税		安安安 安安安安	李安泰等奉於	U.OII GODA AVS	O. DIY DAILY MX	MGZL		VEENLY	B内名10
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  AREA CODE NUMBER			) <u>20</u>	/O /	(	

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

USE MO AVO FOR BOD/TSS REMV/REPT IN MINIMUM COLUMN.

<sub>‡</sub>OF

SILVER HEIGHTS WOTO MED

ADDRESS C/O CEDAR CREEK WOTO BAOS CEDAR CREEK RD

LOUISVILLE MY 40511 FACILITY SILVER HEIGHTS WOTE MED

LOCATION LOUISVILLE

MY 40229 DENNIS THOMASSON, SR METAD OFS NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

DAY

1.7 J.

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YEAR

FROM

001 al. DISCHARGE NUMBER

MINOR

(SUBR LV) F - FINAL

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Form Approved. OMB No. 2040-0004

SAMITARY WASTEWATER EFFLUENT YEAR MO DAY

\*\*\* NO DISCHARGE !

NOTE: Read Instructions before completing this form.

PARAMETER		QUAN.	TITY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
COLIFORM, FECAL GEMERAL	SAMPLE MEASUREMENT	<b>经股份股份</b>	各學者亦亦		작장 작 중 하다	13	109	( 13)	0	01/	CA"
TAOSS 1 C O <u>Effluent Gross Valu</u>	PERMIT REQUIREMENT	<b>学学学校设</b>	<b>学业表示者等</b> 。	**** ****	李宗华本宗教	300 GED	50 DAILY	3		WEEKLY	GRAS
BGD, CAREUNACEDVS OS DAY, ZOC	SAMPLE MEASUREMENT	7 6.9 JK	10	( 26)	安全安安安全	2	2	( 15)	0	9%7	CP
80082 1,000 <u>Effluent Gross valu</u> ;	PERMIT REQUIREMENT	63, 6 300A AVG	125 DAILY MX	LES/DY	<b>海安安安安</b>	15 30DA AVG	DAILY	OT MX MG/L		VEEKLY	COMPO
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT								<b>*</b> 3		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
Cx e t D r preparecto assure submitte		d under my direction or super e that qualified personnel pro ed. Based on my inquiry of the persons directly responsible i	der penalty of law that this document and all attachments were under my direction or supervision in accordance with a system designed at qualified personnel properly gather and evaluate the information Based on my inquiry of the person or persons who manage the system, rsons directly responsible for gathering the information, the information			070		TELEPHON	E	DA	
TYPED OR PRINTED	ed is, to the best of my knowle are that there are significant j g the possibility of fine and in	s, to the best of my knowledge and belief, true, accurate, and complete. that there are significant penalties for submitting false information, to possibility of fine and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			CC	/う 〇 YEAR M	1/2	

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

USE MO AVO FOR BOD/TSS REMV: REPT IN MINIMUM COLUMN.

<sub>2</sub>OF

Silver Heigh Tot. Flow=		Report for	May-10		Tot. Exc.=	0	5 .		
Date	14.83 Flow	TSS	Concentr		Canal	TCC	Pounds	NULO	T-4 Db
5/1/10	0.907	133	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
5/1/10 5/2/10	2.081								
5/3/10	1.71								
5/4/10	0.904								
5/5/10	0.904	7	2	0.22	7	20.400	40.240	4.400	0.00
5/6/10	0.62	1	2	0.22	7	36.196	10.342	1.138	0.06
5/7/10	0.441								
5/8/10	0.389								
5/9/10	0.343								
5/10/10	0.321	4	2	0.45	5	10.709	E 254	4 205	0.057
5/10/10 5/11/10	0.321	4	2	0.40	5	10.709	5.354	1.205	0.857
5/12/10	0.322								
5/13/10	0.305								
5/14/10	0.279								
5/15/10	0.264								
5/16/10	0.395								
5/17/10	0.486	3	1.77	0.28	109	12,160	7.174	1.135	3.64
5/18/10	0.46	3	1.77	0.20	109	12, 100	7.174	1.155	3.04
5/19/10	0.371								
5/20/10	0.332								
5/21/10	0.322								
5/22/10	0.322								
5/23/10	0.321								
5/24/10	0.3								
5/25/10	0.277	1	2	0.28	7	2,310	4.620	0.647	1.37
5/26/10	0.264	•	_	0.20	•	2,010	7.020	0.047	1,07
5/27/10	0.256								
5/28/10	0.254								
5/29/10	0.249								
5/30/10	0.248								
5/31/10	0.268								
Average	0.478	3.75	1.94	0.31	12.78	15.34	6.87	1.03	1.48
Maximum	2.081	7.00	2.00	0.45	109.00	36.20	10.34	1.20	3.64
Exceed.	5	0	0	0	0	0	0	0	-,