

October 11,2010

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 – September 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 September 2010.

There were no exceedances, bypasses or overflow reports for Silver Heights WQTC for the month of August.

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 0910

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 THOMASSON, 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 JEFFE
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY
00	07	01		00	07	01

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	*****	*****	(17)	0	5/30	GR				
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	FORM				
PH		*****	*****		6.9	*****	7.3	(12)	0	5/30	GR				
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	7.0 MAXIMUM	SU		WEEKLY	FORM				
SOLIDS, TOTAL SUSPENDED		4	5	(25)	*****	23 JK	3	(17)	0	01/07	CP				
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	****	*****	30 30DA AVG	50 DAILY MX	MG/L		WEEKLY	FORM				
NITROGEN, AMMONIA TOTAL (AS N)		0.3	0.6	(25)	*****	0.2	0.3	(17)	0	01/07	CP				
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.7 30DA AVG	33.4 DAILY MX	****	*****	4 30DA AVG	6 DAILY MX	MG/L		WEEKLY	FORM				
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	2.0	2.2	(17)	0	01/07	CP				
00655 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	FORM				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.194	0.215	(05)	*****	*****	*****		0	02	02				
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	FORM				
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(17)	0	5/30	GR				
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.017 DAILY MX	MG/L		WEEKLY	FORM				
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						
Exec Dir H. T. Schrock Jr TYPED OR PRINTED							402 546-1000		10 10 12						
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											AREA CODE	NUMBER	YEAR	MO	DAY
USE MD AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.															

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

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE 1-1-00 ***

KY0028801	001 2
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	TO
YEAR MO DAY	YEAR MO DAY

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			
COLIFORM, FECAL GENERAL	*****	*****	*****		*****	5	21	(13)	0	1/31/02	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	300	400	100ML		WEEKLY	GR
BOD, CARBONACEOUS 5 DAY, 20C	*****	4.1	5	(25)	*****	2.3 JK	3	(19)	0	01/02	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	62.5	125	LBS/DY	*****	15	30	MG/L		WEEKLY	GR
	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
 H.J. Schard-1, 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
502 540-6000	10 10 12
AREA CODE NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE NO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

