

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

November 17, 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 – October 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 October 2010.

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

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 1010

**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 8405 CEDAR CREEK RD

LOUISVILLE **FACILITY** 

KY 40211

SILVER HEIGHTS WOTC MSD LOCATION LOUISVILLE

KY 40229

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

**MONITORING PERIOD** 

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KY0028601 **PERMIT NUMBER** 

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MINOR

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Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

\*\*\* NO DISCHARGE ! ! \*\*\*

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	ANALYSIS	TYPE	
XYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	茶类茶茶茶	经安全条件		8	***	<b>安安安安安</b>	( 19)	٥	<sup>ار</sup> د م	GR
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HITROGEN, AMMONIA OTAL (AS N)	SAMPLE MEASUREMENT	0.2	0.3	( 26)	******	0.1	io.a	( 197)	U	9/65	CP
00610 1 1 0 <u>FFLUENT GROSS:VALU</u> E	PERMIT REQUIREMENT	16.7 BODA AVG	DAILY MX	LBS/DY	李安安安安	30DA AVG		MG/L		MEEKLY.	GUMPU
HOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	经营营营业	<b>安安安安安</b>		<b>经验验证金</b>	202.	2.1	( 19)	U	9/07	CP
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NAME/TITLE PRINCIPAL EXECUTIVE  Fire Dir	OFFICER 1 certify prepare to assur submitt or those	under penalty of law that the d under my direction or sup- te that qualified personnel pr dd. Based on my inquiry of the persons directly responsible ed is, to the best of my knowle	ervision in accordance with a operly gather and evaluate t he person or persons who ma for gathering the information	a system designed the information anage the system, on, the informatio	n	N Q		TELEPHON		DA	ATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

**MONITORING PERIOD** 

TO

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DAY

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KY0028801 **PERMIT NUMBER** 

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MINOR (SUBR LV) F - FINAL Form Approved. OMB No. 2040-0004

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SANITARY WASTEWATER

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\*\*\* NO DISCHARGE !

<u> ATTN: DEWNIS THOMAS</u>	<u>som, sr</u>	METRO CPS			NOTE: Read Instructions before completing this form.						
PARAMETER		QU	ANTITY OR LOADING		QUALITY OR CONCENTRATION				1	FREQUENCY OF	SAMPLE TYPE
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OD, CARBONACEOUS 5 DAY, 200	SAMPLI MEASUREN		8 8	( 38)	*****	[-]	6	( 19)	٥	01/07	CP
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	PERMIT REQUIREM	60000000000000000000000000000000000000							Barosii Marosii Marosii		
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 design			a system designed					TELEPHONE		TE,	
Exte Din H.J. Schaden J	to assure that qualified persons submitted. Based on my inquir- or those persons directly respoi submitted is, to the best of my l	el properly gather and evaluate of the person or persons who n sible for gathering the informat nowledge and belief, true, accur	the information nanage the system, tion, the information rate, and complete	on	SIGNATURE OF PRINCIPAL EXECUTIVE			.U C D	10		
TYPED OR PRINTED  I am aware that there are significant p including the possibility of fine and im						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			***************************************	,	IO DAY
COMMENTS AND EVEL ANATION OF ANY VIOLATIONS (Poference							ICQ	DE NUMBE			

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

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Silver Heigl		Report for	Oct-10		Tot. Exc.=	0			
Tot. Flow= Date	5.545		Concenti		_		Pounds		
10/1/10	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
10/1/10	0.181 0.186								
10/2/10	0.195								
10/3/10	0.195	6	•	0.4	_				
10/4/10	0.168	6	3	0.1	2	9.257	4.629	0.154	1.99
10/5/10	0.176								
10/7/10	0.170								
10/8/10	0.169								
10/9/10	0.103								
10/10/10	0.102								
10/11/10	0.134	7	4	0.1	0	40.000	5.005		
10/12/10	0.183	,	4	0.1	3	10.333	5.905	0.148	2.09
10/13/10	0.192								
10/14/10	0.179								
10/15/10	0.178								
10/16/10	0.183								
10/17/10	0.199								
10/18/10	0.178	3	3	0.2	2	4.454	4.454	0.297	2.07
10/19/10	0.176	<del>-</del>	•	Ų. <b>L</b>	_	7.707	4.404	0.297	2.07
10/20/10	0.165								
10/21/10	0.163		•						
10/22/10	0.154								
10/23/10	0.166								
10/24/10	0.181								
10/25/10	0.16	6	6	0.14	9	8.006	8.006	0.187	2.08
10/26/10	0.2				_		3,000	0.101	2.00
10/27/10	0.186								
10/28/10	0.158								
10/29/10	0.168								
10/30/10	0.19								
10/31/10	0.191								
Average	0.179	5.50	4.00	0.14	3,22	8.01	5.75	0.20	2.06
Maximum	0.200	7.00	6.00	0.20	9.00	10.33	8.01	0.30	2.09
Exceed.	0	0	0	0	0	0	0	0	0

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