



*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,

A handwritten signature in black ink, appearing to read "J. Kessel", written over a light blue horizontal line.

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 1010

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)

KY0028501
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

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

JETTE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	10	01		10	10	31

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) 00300 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	8	*****	*****	(19)	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	7.0	*****	7.3	(12)	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	5U		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	30 30DA AVG	60 DAILY MX	(19)	0	0/07	CP
	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.2	0.1	0.2	(19)	0	0/07	CP
	PERMIT REQUIREMENT	16.7 30DA AVG	33.4 DAILY MX	LBS/DY	*****	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	2.1 REPORT MO AVG	2.1 REPORT DAILY MX	(19)	0	0/07	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.179	0.200	*****	(03)	0	0/07	0N
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.010	0.010	(19)	0	0/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 H.T. Schwab 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 502 540-6600
 DATE 10 11 17
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

NAME SILVER HEIGHTS WQTC MSD
 ADDRESS C/O CEDAR CREEK WQTC
 8408 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
10	10	01		10	10	31


FROM

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 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	3	9	(13)	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	%		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	5.7 5.8	8	(26)	*****	0	4	6	(19)	0	01/07	CP
	PERMIT REQUIREMENT	62.5	125	*****	*****	15	30			WEEKLY	LUMPUS
	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	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. Schaden 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 502 546-6000
 DATE 10 11 17
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

