



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

February 23, 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 – January 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 January 2009.

For the month of January 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", written over a light blue horizontal line.

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 0110

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
ADDRESS
FACILITY
LOCATION

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

PERMIT NUMBER
DISCHARGE NUMBER
MONITORING PERIOD
FROM TO

Form Approved.
OMB No. 2040-0004
MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DISSOLVED OXYGEN (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(19)	0	09/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	NO L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.2	(12)	0	09/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SL		WEEKLY	GRAB
SOLUBLE TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	9/29	12/12	(25)	*****	29.9	12/12	(19)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125	250	LB5/DY	*****	30	60	MG/L		WEEKLY	COMPOS
NITROGEN AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.4 1.3	1.8 2.3	(25)	*****	1.8 0.4	2.8 0.8	(19)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	41.7	83.4	LB5/DY	*****	10	20	MG/L		WEEKLY	COMPOS
PHOSPHORUS TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.2	1.6	(19)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.413	1.178	(53)	*****	*****	*****	****	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONT IN CONT IN	UDUS
CHLORINE TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	08/30	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	MG/L		WEEKLY	GRAB

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
AREA CODE NUMBER

DATE
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MC FOR 800/755 REMOVED IN MINIMUM COLUMN.
Reversed lbs and concentrations

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

ADDRESS
C/O CEDAR CREEK WQTC
6415 CEDAR CREEK RD

FACILITY
DUNNIB THOMASSON WQTC MSD

LOCATION
LOUISVILLE KY 40229

ATTN: DUNNIB THOMASSON SR METRO OPS

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

PERMIT NUMBER
KY0028601

DISCHARGE NUMBER
001 21

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

Form Approved.
OMB No. 2040-0004

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

JEFFRE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	9	39	(13)	0	01/07	GR
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		WEEKLY	GRAB
505 CARBONACEOUS O5 DAY, 20C	SAMPLE MEASUREMENT	8 13.9	16 21	(26)	*****	14 5	21 6	(19)	0	01/07	CP
PERMIT REQUIREMENT	PERMIT REQUIREMENT	62.6	125	LBS/DY	*****	15	30	MG/L		WEEKLY	COMPOS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX		30DA AVG	DAILY MX					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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. Schade Jr TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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

USE NO AVE FOR 505/205 REMV REPT IN MINIMUM COLUMN.

Reversed lbs and Concentrations

Silver Heights		Report for	Jan-10		Tot. Exc.=		0			
Tot. Flow=	12.8037		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
1/1/10	0.321									
1/2/10	0.308									
1/3/10	0.325									
1/4/10	0.296	11	4	0.39	26	27.155	9.875	0.963	1.62	
1/5/10	0.29									
1/6/10	0.276									
1/7/10	0.274									
1/8/10	0.256									
1/9/10	0.29									
1/10/10	0.273									
1/11/10	0.263	6	6	0.84	1	13.161	13.161	1.842	1.5	
1/12/10	0.257									
1/13/10	0.257									
1/14/10	0.248									
1/15/10	0.242									
1/16/10	0.272									
1/17/10	0.359									
1/18/10	0.355	5	4	0.017	6	14.804	11.843	0.050	1.3	
1/19/10	0.33									
1/20/10	0.51									
1/21/10	1.178									
1/22/10	0.1307									
1/23/10	0.714									
1/24/10	1.06									
1/25/10	0.882									
1/26/10	0.621	12	4	0.45	39	62.150	20.717	2.331	0.382	
1/27/10	0.535									
1/28/10	0.473									
1/29/10	0.418									
1/30/10	0.4									
1/31/10	0.39									
Average	0.413	8.50	4.50	0.42	8.83	29.32	13.90	1.30	1.20	
Maximum	1.178	12.00	6.00	0.84	39.00	62.15	20.72	2.33	1.62	
Exceed.	7	0	0	0	0	0	0	0		