MSD
Metropolitan Sewer District

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

July 22, 2011

Ms. Cherly Edwards
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

Re: MSD Metro Operations
Silver Heights WQTC; KPDES No.: KY0028801
Discharge Monitoring Reports – June 2011.

Dear Ms. Thompson:

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 June 2011.

There were no exceedences or overflow, bypass reports for the month of June for Silver Heights WQTC

If you have any questions concerning the attached DMRs, please contact me at (502) 540-6031.

Sincerely,

John Kassel
Process Supervisor, West region

JMK/Silver Heights 0611

Enclosures

cc: T. Singleton
R. Shaw
C. Roth

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME SILVER HEIGHTS WSTC MSD
ADDRESS C/O CEDAR CREEK WSTC
5405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY SILVER HEIGHTS WSTC MSD
LOCATION LOUISVILLE KY 40227
ATTN: DENNIS THOMASSON SR METRO SPS

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

PERMIT NUMBER	DISCHARGE NUMBER
KY0022501	001 2

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	21	09	01	TO	21	09	30

MINOR
(SUBLV)
P - FINAL
SANITARY WASTEWATER EFFLUENT
*** NO DISCHARGE [ ] ***

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		7 ~~7.5~~ 7.4	******	******		0	1/D	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	INST MIN	******	******	MG/L			
PH	SAMPLE MEASUREMENT	******	******		6.6	******	7.5		0	M/D	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	10	14		******	4	6		0	01/07	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	250 30DA AVG	350 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.8	1.3		******	0.3	0.5		0	01/07	CP
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	20.1 30DA AVG	32.1 DAILY MX	LBS/DY	******	3 30DA AVG	5 DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	2.2	3.1		0	01/07	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.327	0.654		******	******	******		0	CN	CN
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	**** ****		VOLS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010		0	14/30	GR
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	0.019 30DA AVG	0.038 DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec Dir.	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.		AREA CODE	NUMBER	YEAR	MO	DAY
H.J. Schanda Jr		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502	540-6000	11	07	21
TYPED OR PRINTED							

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
9405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY SILVER HEIGHTS WQTC MSD
LOCATION LOUISVILLE KY 40229
ATTN: DENNIS THOMASSON, SR METRO DFS

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

KY0025801	001 2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	[illegible]	10	01	TO	[illegible]	10	30

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

Form Approved.
OMB No. 2040-0004

JEFFS

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	13	59	(13)	0	01/07	GR
	PERMIT REQUIREMENT	******	******	*** ****	******	200 GEOA GEO	400 DAILY MX	#/ 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	24.7	JK 34.0 39	(26)	******	9	14	(17)	0	01/07	CP
	PERMIT REQUIREMENT	52.6 30DA AVG	105 DAILY MX	LBS/DY	******	45 30DA AVG	90 DAILY MX	MG/L		WEEKLY	24HRCOMP
	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			TELEPHONE		DATE		
Exec Dir H.J. Schandein Jr	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 502	NUMBER 540-6000	YEAR 11	MO 07	DAY 21
TYPED OR PRINTED							

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

Silver Heights Report for **Jun-01** Tot. Exc.= 0

Tot. Flow= 9.82 Concentrations Pounds

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
6/1/01	0.333	5	14	0.45	3	13.886	38.881	1.250	1.44
6/2/01	0.318								
6/3/01	0.287								
6/4/01	0.273								
6/5/01	0.265								
6/6/01	0.239								
6/7/01	0.237								
6/8/01	0.239	6	9	0.34	22	11.960	17.939	0.678	3.05
6/9/01	0.214								
6/10/01	0.219								
6/11/01	0.217								
6/12/01	0.218								
6/13/01	0.206								
6/14/01	0.203								
6/15/01	0.235	3	8	0.22	8	5.880	15.679	0.431	3.14
6/16/01	0.209								
6/17/01	0.202								
6/18/01	0.417								
6/19/01	0.554								
6/20/01	0.654								
6/21/01	0.525								
6/22/01	0.522	2	6	0.22	59	8.707	26.121	0.958	1.19
6/23/01	0.609								
6/24/01	0.42								
6/25/01	0.354								
6/26/01	0.41								
6/27/01	0.399								
6/28/01	0.306								
6/29/01	0.278								
6/30/01	0.258								
Average	0.327	4.00	9.25	0.31	13.29	10.11	24.66	0.83	2.21
Maximum	0.654	6.00	14.00	0.45	59.00	13.89	38.88	1.25	3.14
Exceed.	5	0	0	0	0	0	0	0	