



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

September 27, 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 – August 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 August 2011.

There were no exceedences or overflow, bypass reports for the month of August 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 0811

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

NAME SILVER HEIGHTS WQTC MBD  
ADDRESS C/O CEDAR CREEK WQTC  
3402 CEDAR CREEK RD  
LOUISVILLE KY 40211  
FACILITY SILVER HEIGHTS WQTC MBD  
LOCATION LOUISVILLE KY 40227  
ATTN: DENNIS THOMASSON, SR METRO OPS

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

RYOUESOUL  
PERMIT NUMBER  
0012  
DISCHARGE NUMBER

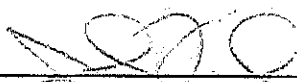
MINOR  
(SUBR LV)  
F - FINAL  
SANITARY WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD

FROM YEAR MO. DAY TO 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 |        |                       |             |
| OXYGEN, DISSOLVED (DO)<br>00300 1 0 0<br>EFFLUENT GROSS VALUE                   |                    |                     |          |        | 7                        |          |          |       | 0      | 2/07                  | SS          |
|                                                                                 | PERMIT REQUIREMENT |                     |          | ****   | INST MIN                 |          |          | MG/L  |        |                       |             |
| PH<br>00400 1 0 0<br>EFFLUENT GROSS VALUE                                       |                    |                     |          |        | 6.7                      |          | 7.4      |       | 0      | 2/07                  | CK          |
|                                                                                 | PERMIT REQUIREMENT |                     |          | ****   | MINIMUM                  |          | MAXIMUM  | EU    |        |                       |             |
| SOLIDITY, TOTAL SUSPENDED<br>00500 1 0 0<br>EFFLUENT GROSS VALUE                |                    | 4                   | 6        |        |                          | 3        | 4        |       | 0      | 2/07                  | CP          |
|                                                                                 | PERMIT REQUIREMENT | 30DA AVG            | DAILY MX | LBS/DY |                          | 30DA AVG | DAILY MX | MG/L  |        |                       |             |
| NITROGEN, AMMONIA TOTAL (AS N)<br>00610 1 1 0<br>EFFLUENT GROSS VALUE           |                    | 0.6                 | 0.8      |        |                          | 0.4      | 0.5      |       | 0      | 2/07                  | PP          |
|                                                                                 | PERMIT REQUIREMENT | 30DA AVG            | DAILY MX | LBS/DY |                          | 30DA AVG | DAILY MX | MG/L  |        |                       |             |
| PHOSPHORUS, TOTAL (AS P)<br>00625 1 0 0<br>EFFLUENT GROSS VALUE                 |                    |                     |          |        |                          | 3.6      | 3.0 3.1  |       | 0      | 2/07                  | CP          |
|                                                                                 | PERMIT REQUIREMENT |                     |          | ****   |                          | MO AVG   | DAILY MX | MG/L  |        |                       |             |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT<br>00650 1 0 0<br>EFFLUENT GROSS VALUE |                    | 0.186               | 0.246    |        |                          |          |          |       | 0      | 02                    | 02          |
|                                                                                 | PERMIT REQUIREMENT | 30DA AVG            | INST MAX | MGD    |                          |          |          | ****  |        | 0208                  |             |
| CHLORINE, TOTAL RESIDUAL<br>00680 1 0 0<br>EFFLUENT GROSS VALUE                 |                    |                     |          |        |                          | <0.010   | <0.010   |       | 0      | 2/07                  | GR          |
|                                                                                 | PERMIT REQUIREMENT |                     |          | ****   |                          | 30DA AVG | DAILY MX | MG/L  |        |                       |             |

|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       |                  |      |    |     |
|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br>Eric Dr<br>H. J. Scharden, Jr<br>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<br> | TELEPHONE        | DATE |    |     |
|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                       | AREA CODE NUMBER | YEAR | MO | DAY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
USE MG AVG FOR BOD/TSS REMOVAL REPORT IN MINIMUM COLUMN.

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

NAME SILVER HEIGHTS WQTC WSD  
 ADDRESS C/O CEDAR CREEK WQTC  
 8405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY SILVER HEIGHTS WQTC WSD  
 LOCATION LOUISVILLE KY 40229  
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

|               |                  |
|---------------|------------------|
| RYOURSD1      | 001 2            |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

JEFFE

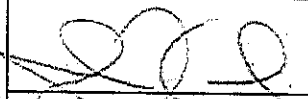
| MONITORING PERIOD |     |     |    |      |     |     |
|-------------------|-----|-----|----|------|-----|-----|
| YEAR              | MO. | DAY | TO | YEAR | MO. | DAY |
|                   |     |     |    |      |     |     |

NOTE: Read Instructions before completing this form.

| PARAMETER                                                           | X                  | QUANTITY OR LOADING |          |        | QUALITY OR CONCENTRATION |          |          |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------------------------------------------|--------------------|---------------------|----------|--------|--------------------------|----------|----------|-------|--------|-----------------------|-------------|
|                                                                     |                    | AVERAGE             | MAXIMUM  | UNITS  | MINIMUM                  | AVERAGE  | MAXIMUM  | UNITS |        |                       |             |
| COLIFORM, FECAL GENERAL<br>74055 1 0 0<br>EFFLUENT GROSS VALUE      | SAMPLE MEASUREMENT | *****               | *****    | ***    | *****                    | 6        | 8        | 100ML | 0      | 0/107                 | CR          |
|                                                                     | PERMIT REQUIREMENT | *****               | *****    | ****   | *****                    | 30DA GED | DAILY MX | 100ML |        |                       |             |
| BOD, CARBONACEOUS 5 DAY, 20C<br>80082 1 0 0<br>EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 3.9                 | 5        | LBS/DY | *****                    | 3        | 3        | MG/L  | 0      | 0/107                 | CP          |
|                                                                     | PERMIT REQUIREMENT | 30DA AVG            | DAILY MX | LBS/DY | *****                    | 30DA AVG | DAILY MX | MG/L  |        |                       |             |
|                                                                     | 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. Schardin 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  
 500 540-0000  
 DATE  
 11 19 23

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

