



*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)*

January 19, 2012

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.- December 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 December 2011.

During the month of December there were no exceedences, bypass or overflow reports for the 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 horizontal line.

John Kessel  
Process Supervisor, West region

JMK/Silver Heights 1211

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 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)

KY0029801

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MINOR

(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

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

JEFF

Form Approved.  
OMB No. 2040-0004

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)		*****	*****		7	*****	*****	( 17 )	0	01/01	GR
DO300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L			
EFFLUENT GROSS VALUE											
PH		*****	*****		6	*****	8	( 12 )	0	01/01	GR
DO400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU			
EFFLUENT GROSS VALUE											
SOLIDS, TOTAL SUSPENDED		24	27	( 26 )	*****	5	7	( 17 )	0	01/07	CP
DO530 1 0 0	PERMIT REQUIREMENT	125	250		*****	30	50				
EFFLUENT GROSS VALUE		GODA AVG	DAILY MX	LBS/DY		GODA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		1.1	1.8	( 28 )	*****	0.2	0.4	( 17 )	0	01/07	CP
DO610 1 2 0	PERMIT REQUIREMENT	42.7	85.4		*****	10	20				
EFFLUENT GROSS VALUE		GODA AVG	DAILY MX	LBS/DY		GODA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	0.8	1.4	( 17 )	0	01/07	CP
DO665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT				
EFFLUENT GROSS VALUE						MD AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.500	1.740	( 08 )	*****	*****	*****		0	02	CN
DO650 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***			
EFFLUENT GROSS VALUE		GODA AVG	INST MAX	MGD				***			
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	( 17 )	0	01/01	CR
DO680 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017				
EFFLUENT GROSS VALUE						GODA AVG	DAILY MX	MG/L			
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		DATE	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO

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

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)

KY0028901

PERMIT NUMBER

001 2

DISCHARGE NUMBER

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			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	22	397	(10)	0	0/07	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	/			
EFFLUENT GROSS VALUE				****		30DA GED	DAILY MX	100ML			
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	10.7	16	(25)	*****	12	13	(17)	0	0/07	CP
30082 1 0 0	PERMIT REQUIREMENT	22.5	125		*****	15	30				
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Greg C. Heitman, Jr.  
Interim Exec Dir

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

DATE

502-542-6000

12 1 18

AREA CODE

NUMBER

YEAR

MO

DAY

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

USE MD AVG FOR BOD/TSS REMV REPT IN MINIMUM COLUMN.

Silver Heights		Report for		Dec-11		Tot. Exc.=		0			
Tot. Flow=	17.35264			Concentrations				Pounds			
Date	Flow	TSS		BOD	NH3	Fecal		TSS	BOD	NH3	Tot. Phos.
12/1/11	0.651	5		2	0.056			27.127	10.851	0.304	0.3
12/2/11	0.528					40					
12/3/11	0.478										
12/4/11	0.495										
12/5/11	1.740										
12/6/11	1.574										
12/7/11	0.860										
12/8/11	0.590	5		2	0.17			24.613	9.845	0.837	0.226
12/9/11	0.504					7					
12/10/11	0.438										
12/11/11	0.421										
12/12/11	0.365										
12/13/11	0.336										
12/14/11	0.339										
12/15/11	0.412	7		2	0.39			24.039	6.868	1.339	1.27
12/16/11	0.359					23					
12/17/11	0.352										
12/18/11	0.343										
12/19/11	0.320										
12/20/11	0.305										
12/21/11	0.536										
12/22/11	0.620	4		3	0.34			20.678	15.508	1.758	1.37
12/23/11	0.624					397					
12/24/11	0.521										
12/25/11	0.461					2					
12/26/11	0.410										
12/27/11	0.768										
12/28/11	0.600										
12/29/11	0.530										
12/30/11	0.454										
12/31/11	0.420										
Average	0.560	5.25		2.25	0.24	21.97		24.11	10.77	1.06	0.79
Maximum	1.740	7.00		3.00	0.39	397.00		27.13	15.51	1.76	1.37
Exceed.	14	0		0	0	0		0	0	0	