

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

May 21, 2012

Ms. Cheryl 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 – April 2012.

Dear Ms. Cheryl Edwards:

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 April.

There was no exceedences, bypass or overflow reports during the month of April for the Silver Heights WQTC.

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

Sincerely,

John Kessel

Process Supervisor, West region

JMK/Silver Heights 0412

Enclosures

cc: '

T. Singleton

R. Shaw

C: Roth

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

SILVER MEIGHTS WOTO MED ADDRESS C/O CEDAR OREEK WOTO

8405 CEDAR CREEK ED

LOUISVILLE

KY 40213

FACILITY SILVER HEIGHTS WOTO HOD

LOCATION LOUISVILLE KY 40229 ATTN. DERNIS THOMASSON, SR METRO OFS NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

DAY

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MO

FROM

001 E

YEAR. MO

DISCHARGE NUMBER

DAY

MINOR (SUBER LV)

Form Approved,

OMB No. 2040-0004

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SAMITARY WASTEWATER EFFLUENT

*** NO DISCHARGE | 1 *** NOTE: Read Instructions before completing this form.

PARAMETER		QUAN	ITITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE
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NAME/TITLE PRINCIPAL EXECUTIVE	under penalty of law that the d under my direction or supe	rvision in accordance with a	s assertance destruction				TELEPHON	E	DA	TE	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

USE MG AVO FOR BODITSS REMVIREDT IN MINIMUM CÓLUMA

PERMITTEE.NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. DISCHARGE MONITORING REPORT (DMR) SILVER HELGHTS WOTO MED OMB No. 2040-0004 MINDR ADDRESS C/O CEDAR CREEK WOTO WAGORRAGI (SUBR LV) 001 Z SAOS CEDAR CREEK NO PERMIT NUMBER F - FINAL DISCHARGE NUMBER LOUISVILLE KY 40213 RETANDITERN YRATINAE FACILITY STLIVER HEIGHTS WOTO MOD MONITORING PERIOD EFFLUENT YEAR. MO DAY LOCATION LOUISVILLE YEAR MO. KY 40229 DAY .. *** NO DISCHARGE | | +** FROM ATTN: DEWNIE THOMASSOM: SR METRO OPS NOTE: Read Instructions before completing this form. **PARAMETER** QUANTITY OR LOADING QUALITY OR CONCENTRATION FREQUENCY NO. SAMPLE EX TYPE **AVERAGE** MAXIMUM ANALYSIS UNITS MINIMUM **AVERAGE** MAXIMUM UNITS COLIFORM, FECAL 特特特斯特特 我并依由许好 SAMPLE 安安 经保存证券 الله ما GENERAL 14 MEASUREMENT 68 ブルウタミ 0 0 李學學 發表姿 **计算机图象**要 经营业额 PERMIT 存物物物合物 22 Sept 14 46 (2) EFFLUENT GROSS VALU REQUIREMENT 散物劳劳 SOUM GEO DAILY MA LOOM CATEONACEDUS SAMPLE 京少京京京家 The state of 1 117 *ः* ५ OS DAY, 200 3 4/ MEASUREMENT 80000 (7 SE. 0 PERMIT おぎないぞかな 34 EFFLUENT GROSS VALL REQUIREMENT BODA AVG DAILY MX 1.89/5 BODA AVI DAILY MY MGZL SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were **TELEPHONE** prepared under my direction or supervision in accordance with a system designed DATE 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. , 540-66*60* 71 SIGNATURE OF PRINCIPAL EXECUTIVE 12 I am aware that there are significant penalties for submitting false information,

including the possibility of fine and imprisonment for knowing violations,

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

USF NO AVG FOR RODITSS REMVIRER IN MINIMUM COLLUMN.

OFFICER OR AUTHORIZED AGENT

YEAR

NUMBER

MO

DAY

Silver Heigh		Report for	Apr-12		Tot. Exc.=	0						
Tot. Flow=	9.67739		Concent	rations			Pounds			•		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.			
4/1/12	0.732											
4/2/12	0.607	_										
4/3/12	0.465	3	3	0.3	•	11.644	11.644	1.320	0.862			
4/4/12	0.483				14							
4/5/12	0.666					•						
4/6/12	0.489	•									•	
4/7/12	0.421											
4/8/12	0.385	14	4	0.39		44.953	12.844	1.252	1.47			
4/9/12	0.301				10			•	• • • •	•		
4/10/12	. 0.301											
4/11/12	0.277							•				
4/12/12	0.270											
4/13/12	0.254											
4/14/12	0.267											
4/15/12	0.272	2	3	0.22		4.536	6.804	0.499	2.04	•		
4/16/12	0.260			•	10		0.00	0. 100	2.07			
4/17/12	0.277											
4/18/12	0.238											
4/19/12	0.179						•					
4/20/12	0.211		•									
4/21/12	0.300											
4/22/12	0.279	3	3	0.22		6.982	6.982	0.512	1.67			
4/23/12	0.254	•			2	Q.00£	0.002	. 0.012	1.07			
4/24/12	0.221		*		-							
4/25/12	0.224				•			•				
4/26/12	0.227	•										
4/27/12	0.186				,							
4/28/12	0.200								•			
4/29/12	0.216		٠		•							
4/30/12	0.217											
Average ==	0.323	5.50	3.25	0.29	7.27	47.00	0.57				,	•
Maximum	0.732	14.00	4.00	0.29		17.03	9.57	0.90	1.51			
Exceed.	3	0	4.00	0.39	14.00 0	44.95	12.84	1.32	2.04			
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