



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,

A handwritten signature in black ink, appearing to read "J. Kessel", with a stylized, flowing script.

John Kessel
Process Supervisor, West region

JMK/Silver Heights 0412

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 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 THOMASSEN, SR. METRO OPS

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

AY0025801
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE 1 ***

Form Approved.
OMB No. 2040-0004

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

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			
OXYGEN DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.27	*****	*****	MG/L	0	1/03	CR
00000 1 0 0	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	CR
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		7.4	*****	8.6	MG/L	0	1/03	CR
PH	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	7.0	MG/L		WEEKLY	CR
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		6.0	*****	7.0	MG/L	0	1/03	CR
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	MG/L		WEEKLY	CR
SOLIDS, TOTAL	SAMPLE MEASUREMENT	17	45	(25)	*****	6	14	MG/L	0	1/03	CP
SUSPENDED	PERMIT REQUIREMENT	125	250		*****	30	50	MG/L		WEEKLY	CP
00500 1 0 0	SAMPLE MEASUREMENT	0.9	1.3	(25)	*****	0.3	0.4	MG/L	0	1/03	CP
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	41.7	83.4		*****	10	20	MG/L		WEEKLY	CP
NITROGEN, AMMONIA	SAMPLE MEASUREMENT	*****	*****		*****	1.5	2.0	MG/L	0	1/03	CP
TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	CP
00610 1 2 0	SAMPLE MEASUREMENT	*****	*****		*****	NO AVG	DAILY M	MG/L	0	1/03	CP
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	CP
PHOSPHORUS, TOTAL	SAMPLE MEASUREMENT	0.323	0.732	(0.3)	*****	*****	*****	MG/L	0	1/03	CP
(AS P)	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	MG/L		WEEKLY	CP
00665 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	MG/L	0	1/03	CP
EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	CP
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	MG/L	0	1/03	CP
00050 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	MG/L		WEEKLY	CP
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	MG/L	0	1/03	CP
CHLORINE, TOTAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	CP
RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	MG/L	0	1/03	CP
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	CP
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	MG/L	0	1/03	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	MG/L		WEEKLY	CP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

AREA CODE

NUMBER

YEAR

MO

DAY

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

USE NO 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

6405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY SILVER HEIGHTS WQTC MSD

LOCATION LOUISVILLE

KY 40227

ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY0028601

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MINOR

(SUBR LV)

1 - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE ***

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	7	14		0	0/1	CK
GENERAL	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		WEEKLY	WQTC
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	409.6	13	1 LB/DY	*****	3	4		0	0/1	CP
BOD, CARBONACEOUS	PERMIT REQUIREMENT	0.2	1.25		*****	15	30	MG/L		WEEKLY	WQTC
OS DAY, 20C	SAMPLE MEASUREMENT										
BOD, 5 DAY, 20C	PERMIT REQUIREMENT										
EFFLUENT GROSS VALU	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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

Carl E. Williams

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

AREA CODE

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YEAR

MO

DAY

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

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

Silver Heights		Report for	Apr-12		Tot. Exc.=		0			
Tot. Flow=	9.67739		Concentrations				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					
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					
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									
4/30/12	0.217									
Average	0.323	5.50	3.25	0.29	7.27	17.03	9.57	0.90	1.51	
Maximum	0.732	14.00	4.00	0.39	14.00	44.95	12.84	1.32	2.04	
Exceed.	3	0	0	0	0	0	0	0		