



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

July 23, 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 – June 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 June.

There were no exceedences, bypasses or overflows during the month of June 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 "John Kessel", written in a cursive style.

John Kessel
Process Supervisor, West region

JMK/Silver Heights 0612

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 40225
 ATTN: DENNIS THOMASSEN, SR METRO DPE

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

AY0028801
 PERMIT NUMBER 1
 001 E
 DISCHARGE NUMBER

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

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				
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	1.17	0	3%	GR	
	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEKLY	CONTIN	
TSS 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		6.5	*****	80	1.17	0	3%	GR	
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	80		WEEKLY	CONTIN	
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	8	17	(LBS/D)	*****	3	5	1.17	0	3/07	CP	
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/D	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	CONTIN	
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.7	1.3	(LBS/D)	*****	0.3	1.4	1.17	0	3/07	CP	
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/D	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	CONTIN	
PHOSPHORUS, TOTAL (AS P) 00660 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	2.5	3.4	1.17	0	3/07	CP	
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	CONTIN	
LEAD, IN COMPLIANCE WITH TREATMENT PLAN 50090 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.236	0.754	(MGD)	*****	*****	*****	*****	0	02	02	
	PERMIT REQUIREMENT	REPORT	INST MAX	MGD	*****	*****	*****	*****	****	CONTIN	CONTIN	
VALUINE, TOTAL RESIDUAL 50080 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	20.010	20.010	1.17	0	3%	GR	
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L		WEEKLY	CONTIN	
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		
Eric Director Grae Helms TYPED OR PRINTED								502 546-0606		12 07 23		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								AREA CODE	NUMBER	YEAR	MO	DAY
USE NO AVG FOR BOD/TSS REMOVAL 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)

WFO022201
 0012
 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY

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

Form Approved.
 OMB No. 2040-0004

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			
GENERAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					11	32		0	1/57	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					300A GED	DAILY MD	100ML			
BOD CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT		32			6	16		0	1/57	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	300A AVG	DAILY MX	LB8/DY		300A AVG	DAILY MX	MG/L			
	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
 Greg Helms
 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
 516-666-1207 07 25
 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.

