



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

December 18, 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 – November 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 November.

There were no exceedences, bypasses or overflows during the month of November 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 "JK", written over a light blue horizontal line.

John Kessel
Process Supervisor, West region

JMK/Silver Heights 1112

Enclosures

cc: T. Singleton
R. Shaw



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

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

Form Approved
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211
FACILITY: SILVER HEIGHTS WQTC MSD
LOCATION: 9418 SLAYTON CT
LOUISVILLE, KY 40229

KY0028801
PERMIT NUMBER

001-2
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

ATTN: DENNIS THOMASSON, SR METRO OPS

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	11/01/2012	TO	11/30/2012

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	*****		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	8		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530,1 0 Effluent Gross	SAMPLE MEASUREMENT	12	14		*****	9	12		0	01/07	CP
	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	lb/d	*****	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N) 00610 1 2 Effluent Gross	SAMPLE MEASUREMENT	0.6	0.7		*****	0.5	0.6		0	01/07	CP
	PERMIT REQUIREMENT	41.7 30DA AVG	83.4 DAILY MX	lb/d	*****	10 30DA AVG	20 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.1	3.3		0	01/07	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.166	0.222		*****	*****	*****	*****	0	EW	EW
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.010	0.010		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Dir Greg H. Fisman 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.	TELEPHONE		DATE
		502 540-6000		12-19-2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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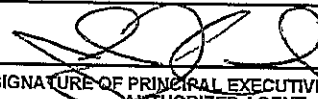
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general 74055 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	15		0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 DAILY MX	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 10 Effluent Gross	SAMPLE MEASUREMENT	6	9		*****	5	7		0	01/07	CP
	PERMIT REQUIREMENT	62.6 30DA AVG	125 DAILY MX	lb/d	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Exec Dir Greg Heston</i> 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
			502 540-6000	12-19-2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.		AREA Code	NUMBER	MM/DD/YYYY

