



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

February 27, 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 – January 2012.**

Dear Ms. Cherly 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 January 2012.

During the month of January 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 be "John Kessel", written over a horizontal line.

John Kessel
Process Supervisor, West region

JMK/Silver Heights 0112

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)MINOR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read instructions before completing this form.

JEFF

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

KY0028801

PERMIT NUMBER

001 2

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
12	01	01		12	01	31

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)	00300 1 0 0	*****	*****		7	*****	*****	(19)	0	0%	CR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	00400 1 0 0	*****	*****		6.4	*****	8.6	(12)	0	0%	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	*****	*****	(26)	*****	7	9	(19)	0	0%	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	*****	*****	(26)	*****	0.4	0.5	(19)	0	0%	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	41.7 30DA AVG	83.4 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	00665 1 0 0	*****	*****		*****	1.2	1.4	(19)	0	0%	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 0	0.460	1.236	(03)	*****	*****	*****		0	CU	CU
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	50060 1 0 0	*****	*****		*****	0.010	0.010	(19)	0	0%	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB
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.				TELEPHONE		DATE			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		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 GPS

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

KY0028801

PERMIT NUMBER

001 2

DISCHARGE NUMBER

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(SUBR LV)

F - FINAL

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

Form Approved.
OMB No. 2040-0004

JEH

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	8	20	(13)	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	#/ 30DA GED DAILY MX 100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 5 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	11	22	(26)	*****	4	7	(19)	0	01/07	CP
	PERMIT REQUIREMENT	62.6 30DA AVG	125 DAILY MX	LBS/DY	*****	15 30DA AVG	30 DAILY MX	MG/L		WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

522 540-6600

12 02 21

AREA CODE

NUMBER

YEAR

MO

DAY

TYPED OR PRINTED

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		Jan-12		Tot. Exc.=		0			
Tot. Flow= 14.26817				Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.		
1/1/12	0.385										
1/2/12	0.339	5	3	0.34		14.128	8.477	0.961	1.12		
1/3/12	0.311				8						
1/4/12	0.310										
1/5/12	0.309										
1/6/12	0.285										
1/7/12	0.299										
1/8/12	0.278	5	2	0.5		11.612	4.645	1.161	1.36		
1/9/12	0.255				5						
1/10/12	0.246										
1/11/12	0.525										
1/12/12	0.512										
1/13/12	0.417										
1/14/12	0.385										
1/15/12	0.359										
1/16/12	0.368	9	3	0.39		27.642	9.214	1.198	1.18		
1/17/12	0.611				5						
1/18/12	0.528										
1/19/12	0.468										
1/20/12	0.410										
1/21/12	0.364										
1/22/12	0.370	9	7	0.5		27.760	21.591	1.542	1.04		
1/23/12	0.640				20						
1/24/12	0.498										
1/25/12	0.459										
1/26/12	0.777										
1/27/12	1.236										
1/28/12	0.762										
1/29/12	0.617										
1/30/12	0.516										
1/31/12	0.430										
Average	0.460	7.00	3.75	0.43	7.95	20.29	10.98	1.22	1.18		
Maximum	1.236	9.00	7.00	0.50	20.00	27.76	21.59	1.54	1.36		
Exceed.	10	0	0	0	0	0	0	0			