



Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

December 15, 2010

Ms. Carolena Bentley  
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 2010.**

Dear Ms. Bentley:

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 2010.

There were no exceedances, bypasses or overflow reports for Silver Heights WQTC for the month of November.

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 over a white background.

John Kessel  
Process Supervisor West Operations

JMK/Silver Heights 1110

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



*Beneficial Use of Louisville's Biosolids*  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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)

KY0026801  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT  
 \*\*\* NO DISCHARGE 1-1-00 \*\*\*

JEFF2

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	11	01		10	11	30

FROM

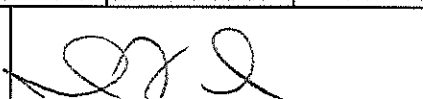
TO

NOTE: Read Instructions before completing this form.

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)	*****	*****			8	*****	*****	( 19 )	0	01/07	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
PH	*****	*****			6.9	*****	7.2	( 12 )	0	01/07	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****			*****	*****	*****	( 19 )	0	01/07	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125	250	LBS/DY	30	30	60			WEEKLY	JUMPUS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****			*****	*****	*****	( 19 )	0	01/07	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	41.7	83.4	LBS/DY	10	10	20			WEEKLY	JUMPUS
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	*****	*****	( 19 )	0	01/07	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	JUMPUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****			*****	*****	*****			CONTIN	CONTIN
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL	*****	*****			*****	*****	*****	( 19 )	0	01/07	GR
00060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			WEEKLY	GRAB
					30DA AVG	DAILY MX	MG/L				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Dir  
 H.J. Schulte Jr  
 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  
 502 600-6000  
 DATE  
 10 12 15  
 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.

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 40229  
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0028601  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT  
 JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	11	01		10	11	30

FROM

TO

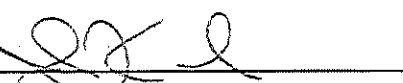
\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	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	*****	*****		*****	7	50	(13)	0	01/07	CR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.2	2.9 9	(26)	*****	4	6	(19)	0	01/07	CP
	PERMIT REQUIREMENT	62.6	125	LEB/DY	*****	15	30	MG/L		WEEKLY	DUPUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Dir  
 H.J. Schader, Jr.  
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
500	540-6000	10	12	15
AREA CODE	NUMBER	YEAR	MO	DAY

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