



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

January 19, 2011

Ms. Crystal Thompson  
Kentucky Division of Water  
200 Fair Oaks Lane  
Frankfort, Kentucky 40601

**Re: MSD Metro Operations  
Silver Heights WQTC; KPDES No.: KY0028801  
Discharge Monitoring Reports – December 2010.**

Dear Ms. Thompson:

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 December 2010.

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

If you have any questions concerning the attached DMRs, please contact me at (502) 540-6031.

Sincerely,

A handwritten signature in cursive script that reads "Duane V. Wright".

Duane V. Wright  
Process Supervisor Central Operations

JMK/Silver Heights 1210

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/D 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)

KY0028801 PERMIT NUMBER  
 001 2 DISCHARGE NUMBER

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

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
10	12	01		10	12	31

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 VALUE	SAMPLE MEASUREMENT	*****	*****		8	*****	*****	( 19)	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	INST MIN		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.7	( 12)	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	MINIMUM MAXIMUM		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	17	25	( 26)	*****	6	10	( 19)	0	01/07	CP
	PERMIT REQUIREMENT	125	250	LBS/DY	*****	30	50	30DA AVG DAILY MX		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7	1.4	( 26)	*****	0.3	0.6	( 19)	0	01/07	CP
	PERMIT REQUIREMENT	41.7	83.4	LBS/DY	*****	10	20	30DA AVG DAILY MX		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.4	1.8	( 19)	0	01/07	CP
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MD AVG DAILY MX		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.332	0.525	( 03)	*****	*****	*****		0	EN	EN
	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTIN	CONTIN
CHLDRINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	( 19)	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019	30DA AVG DAILY MX		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			
Exec Dir H.J. Schwabach Jr TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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

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 40227  
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 DISCHARGE MONITORING REPORT (DMR)

KY0028801  
 PERMIT NUMBER

001 2  
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MINOR (SUBR LV)  
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 \*\*\* NO DISCHARGE [ ] \*\*\*

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YEAR	MO	DAY	TO	YEAR	MO	DAY
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FROM

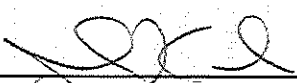
TO

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	5	9	( 13 )	0	01/07	GR
		*****	*****	***	*****	200 30DA GED	400 DAILY MX	100ML		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE		9.3	15	( 26 )	*****	4	6	( 19 )	0	01/07	CP
		62.6 30DA AVG	125 DAILY MX	LBS/DY	*****	15 30DA AVG	30 DAILY MX	MG/L		WEEKLY	LUMPUS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Dir  
 H.J. Schwab, 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 502 540-6000  
 DATE 11 01 19  
 AREA CODE NUMBER YEAR MO DAY

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