

# MSD

Metropolitan Sewer District

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

April 25, 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 – March 2011.**

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 March 2011.

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

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

Sincerely,



John Kessel  
Process Supervisor, West region

JMK/Silver Heights 0311

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 40229  
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

PERMIT NUMBER KY0028501  
 DISCHARGE NUMBER 0012

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

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) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7				0	5/27	GR
	PERMIT REQUIREMENT	*****	*****	***	INST MIN			MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.1		7.4		0	5/31	GR
	PERMIT REQUIREMENT	*****	*****	***	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED 00500 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	43	70			JK X 8	11		0	5/27	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	2.7	6.4			0.4	0.8		0	5/27	CP
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					7.6	1.5		0	5/27	CP
	PERMIT REQUIREMENT			***		MG AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.052	1.921						0	5/27	LN
	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD						0	0000
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					20.00	20.00		0	5/31	GR
	PERMIT REQUIREMENT			***		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 H.S. Scheraga 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: 508 540-0600  
 DATE: 11 24 95  
 AREA CODE: 508  
 NUMBER: 540-0600  
 YEAR: 11  
 MO: 24  
 DAY: 95

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE MG AVG FOR DOB/TSE REMOVED IN MINIMUM COLUMN.

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

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

PERMIT NUMBER	DISCHARGE NUMBER
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MINOR  
 (SUBR LV)  
 F - FINAL  
 SANITARY WASTEWATER  
 EFFLUENT

Form Approved.  
 OMB No. 2040-0004

JEFF

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY

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

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE						4	13		0	0/07	CR
BOD, CARBONACEOUS 5 DAY, 20C 80022 1 0 0 EFFLUENT GROSS VALUE			33 JK			JK 4.5	6		0	0/07	CR
			33								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 [Signature]  
 TYPED OR PRINTED

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[Signature]  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
502 546-6100	07 04 05
AREA CODE NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE MG AVG FOR BOD/TSS REMOVAL IN MINIMUM COLUMN

