



Metropolitan Sewer District

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)

June 21,2011

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 – May 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 May 2011.

There were no exceedences or overflow, bypass reports for the month of May for Silver Heights WQTC

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

Sincerely,

John Kassel  
Process Supervisor, West region

JMK/Silver Heights 0511

Enclosures

cc: T. Singleton  
R. Shaw  
C. Roth



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

XY0028801  
 PERMIT NUMBER

0012  
 DISCHARGE NUMBER

MINOR  
 (SUBR LV)  
 7 - FINAL

SEWAGE  
 SANITARY WASTEWATER  
 EFFLUENT

\*\*\* NO DISCHARGE ( ) \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	05	01

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)		*****	*****		7	*****	*****		0	05/31	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.4		0	05/31	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	EU			
SOLIDS, TOTAL SUSPENDED		19	27	( 25)		4	6		0	0/07	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MAX	LB/Day		30	30	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		1.9	4.2	( 25)		0.4	0.6		0	0/07	CP
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MAX	LB/Day		30DA AVG	DAILY MAX	MG/L			
PHOSPHORUS, TOTAL (AS P)						0.9	1.8		0	0/07	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	NO AVG	REPORT	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.592	1.425	( 05)					0	0/07	CP
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	INST MAX	MGD		*****	*****	*****			
CHLORINE, TOTAL RESIDUAL						<0.010	<0.010		0	05/31	GR
00080 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.01	0.01	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Exec Dir  
 H.J. Schaden, 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 DATE  
 552 546-6000 11 06 21  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE NO AVG FOR 30D/T30R REMO; REPT IN MINIMUM COLUMN.

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

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

NAME SILVER HEIGHTS WWTG MSD  
ADDRESS 070 CEDAR CREEK WBYC  
5405 CEDAR CREEK RD  
LOUISVILLE KY 40211

AY0028801  
PERMIT NUMBER

0012  
DISCHARGE NUMBER

MINOR  
(SUBR LV)  
7 - FINAL

FACILITY SILVER HEIGHTS WWTG MSD  
LOCATION LOUISVILLE KY 40229  
ATTN: DENNIS THOMASSEN SR. METRO OPS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO

SANITARY WASTEWATER  
EFFLUENT

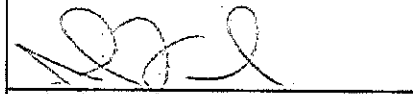
\*\*\* NO DISCHARGE \*\*\*

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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	SAMPLE MEASUREMENT	*****	*****		*****	12	24	10	0	1/yr	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	200	500	100ML			
BOD, CARBONACEOUS 05 DAY, 20C 80052 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	15.1	20		*****	4	6	10	0	1/yr	GP
	PERMIT REQUIREMENT	300A AVG	DAILY MX	LBS/DY	*****	15	30	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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Exec Dir  
H.J. Schindler Jr  
TYPED OR PRINTED

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TELEPHONE  
502 540-6000  
DATE  
11 06 21  
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
USE NO AVG FOR BOD/TSS REMV: REPT IN MINIMUM COLUMN.

