



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

March 19, 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 – February 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 February 2012.

During the month of February 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,

John Kessel
Process Supervisor, West region

JMK/Silver Heights 0212

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



Beneficial Use of Louisville's Biosolids
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)

KY0028801
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	06	01		12	06	27

*** NO DISCHARGE 1-1 ***

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)		*****	*****		8	*****	*****	(19)	0	1/2	GR
00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	INST MIN			MG/L			
PH		*****	*****		6.6	*****	8.8	(12)	0	1/2	GR
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED		26	43	(26)	*****	9	13	(19)	0	1/7	CP
00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	125	250		*****	30	60			WEEKLY	COMPOS
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)		0.7	0.9	(26)	*****	0.3	0.4	(19)	0	1/7	CP
00610 1 2 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	41.7	83.4		*****	10	20			WEEKLY	COMPOS
	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	1.3	1.9	(19)	0	1/7	CP
00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	COMPOS
	PERMIT REQUIREMENT	*****	*****	****	*****	MO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.323	0.426	(03)	*****	*****	*****		0	20	20
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	REPORT	REPORT		*****	*****	*****	****		CONTIN	CONTIN
	PERMIT REQUIREMENT	30DA AVG	INST MAX	MOD				****		UOUS	
CHLORINE, TOTAL RESIDUAL		*****	*****		*****	<0.010	<0.010	(19)	0	1/2	GR
50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	0.011	0.019			WEEKLY	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 [Signature]
 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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
702	1546-1031	12	03	17

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE MO 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
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 LOUISVILLE KY 40211
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 DISCHARGE MONITORING REPORT (DMR)

KY0028801			001 2			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	02	01		12	02	27

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

Form Approved.
 OMB No. 2040-0004

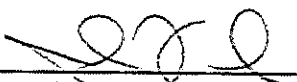
JETTE

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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	*****	*****		*****	6	9	(13)	0	01/07	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
				****		30DA GED	DAILY MX	100ML			
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7.1	10	(25)	*****	3	3	(17)	0	01/07	CP
	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY	COMPOS
		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 Greg C Hritzma
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 540-6000
 DATE 12 03 17
 AREA CODE NUMBER YEAR MO DAY

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