



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

August 25, 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 – July 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 July 2010.

For the month of July we had one fecal violation. Due to an oversight, we were not notified of the high fecal result before the sampling period had ended. This resulted in no additional fecal samples being taken. At this time, we are unable to identify the cause of the fecal violation. Immediately prior to the sampling of this fecal, our pre-effluent residual was 1.9 mg/l. Also, the effluent TSS was well below the permitted limit.

Due to not being notified of effluent results exceeding permitted limits, we have changed the notification parameters of LIMS exception reports. This should prevent a recurrence of this nature.

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

Sincerely,

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 0710

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



*Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com*

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

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

JEFFS

NOTE: Read Instructions before completing this form.

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

NAME SILVER HEIGHTS WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
3405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY SILVER HEIGHTS WQTC MSD
LOCATION LOUISVILLE KY 40229
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0029801
PERMIT NUMBER

001 E
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	07	01		19	07	01

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	*****	*****		7	*****	*****	(17)	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST. MIN	*****	*****	MG/L		WEEKLY	GR
PH	00400 1 0 0	*****	*****		6.9	*****	7.1	(12)	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEKLY	GR
SOLIDS, TOTAL SUSPENDED	00500 1 0 0	8	15	(26)	*****	4	8	(17)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125	250	LBS/DY	*****	30	60	MG/L		WEEKLY	CP
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 1 0	0.5	0.6	(26)	*****	0.3	0.4	(17)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	16.7	33.4	LBS/DY	*****	*****	*****	MG/L		WEEKLY	CP
PHOSPHORUS, TOTAL (AS P)	00625 1 0 0	*****	*****		*****	2.1	2.7	(17)	0	01/07	CP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY	CP
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	00050 1 0 0	0.254	0.601	(03)	*****	*****	*****	*****	0	EN	EN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	*****		CONTINUAL	EN
CHLORINE, TOTAL RESIDUAL	00060 1 0 0	*****	*****		*****	<0.010	<0.010	(17)	0	01/07	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.017	MG/L		WEEKLY	GR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Eric D. Schaubert 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
402 496-4400
DATE
10 08 24

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

USE MD AVG FOR BOD/TSS REMV. REPT IN MINIMUM COLUMN.

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

MINOR
(SUBR LV)
F - FINAL

JEFFE

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

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

NAME SILVER HEIGHTS WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
840E CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY SILVER HEIGHTS WQTC MSD
LOCATION LOUISVILLE KY 40229
ATTN DENNIS THOMASSEN, SR METRO OPS

KY0025301
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
10	07	01	10	07	01

FROM

TO

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	*****	*****	*****	*****	*****	39	1050	(13)	1	01/07	GR
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	30DA GED	400 30	DAILY MX 100ML		WEEKLY	GR
BOD, CARBONACEOUS 5 DAY, 20C	4.1	4.8	(25)	*****	*****	2	3	(17)	0	01/07	CP
80082 1 0 0 EFFLUENT GROSS VALUE	62.6	125	LBS/DY	*****	*****	30DA AVG	30	DAILY MX MG/L		WEEKLY	CP

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.J. Schardin 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
10 08 24
AREA CODE NUMBER YEAR MO DAY

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

USE MD AVG FOR BOD/TSS REMO REPT IN MINIMUM COLUMN.

See cover letter for explanation of fecal exceedance.

Silver Heights		Report for	Jul-10		Tot. Exc.=		1 Violation		
Tot. Flow=	7.86		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
7/1/10	0.174								
7/2/10	0.18								
7/3/10	0.183								
7/4/10	0.187								
7/5/10	0.19	2	3	0.39	2	3.169	4.754	0.618	2.31
7/6/10	0.175								
7/7/10	0.177								
7/8/10	0.174								
7/9/10	0.216								
7/10/10	0.203								
7/11/10	0.204								
7/12/10	0.195	3	2.31	0.34	98	4.879	3.757	0.553	2.65
7/13/10	0.373								
7/14/10	0.289								
7/15/10	0.248								
7/16/10	0.221								
7/17/10	0.293								
7/18/10	0.267								
7/19/10	0.231	8	2	0.22	1050	15.412	3.853	0.424	1.38
7/20/10	0.35								
7/21/10	0.429								
7/22/10	0.347								
7/23/10	0.305								
7/24/10	0.264								
7/25/10	0.27								
7/26/10	0.24	4	2	0.22	11	8.006	4.003	0.440	1.9
7/27/10	0.217								
7/28/10	0.241								
7/29/10	0.221								
7/30/10	0.195								
7/31/10	0.601								
Average	0.254	4.25	2.33	0.29	38.79	7.87	4.09	0.51	2.06
Maximum	0.601	8.00	3.00	0.39	1050.00	15.41	4.75	0.62	2.65
Exceed.	1	0	0	0	1	0	0	0	