



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

December 20, 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 – November 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 November 2011.

During the month of November there were no exceedences for the Silver Heights WQTC.

Also included are the November overflow reports.

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

Sincerely,

A handwritten signature in black ink, appearing to read "John Kessel", written over a white background.

John Kessel
Process Supervisor, West region

JMK/Silver Heights 1111

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 THOMASSEN, SR METRO OPS

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

KY0028801

PERMIT NUMBER

0012

DISCHARGE NUMBER

MINOR (SUBR LV)

F - FINAL

SANITARY WASTEWATER EFFLUENT

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

Form Approved
OMB No. 2040-0004

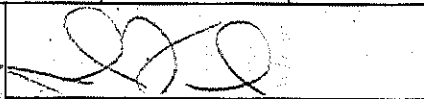
JEFFZ

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
11	11	01		11	11	01

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)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(17)	0	%	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6	*****	7.4	(12)	0	%	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	MINIMUM	*****	MAXIMUM	BU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	52	176	(26)	*****	6	16	(17)	0	%	CP
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125	250	***	*****	30	50	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	3.4	10.4	(26)	*****	6.5	10	(17)	0	%	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	41.7	83.4	***	*****	30	20	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.1	2.3	(17)	0	%	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.514	1.607	(03)	*****	*****	*****		0	CM	CM
00850 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	***	*****	*****	*****	MG/L			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.010	0.010	(17)	0	%	GR
00860 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.017	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Cecilia D...
H.J. Schardain 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
504 546-6660 11 12 20
AREA CODE NUMBER YEAR MO DAY

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

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)

HY0022801

PERMIT NUMBER

0012

DISCHARGE NUMBER

MINOR
(SUBR LV)

F - FINAL

SANITARY WASTEWATER
EFFLUENT

*** NO DISCHARGE ***

Form Approved
OMB No. 2040-0004

JEFF

MONITORING PERIOD

FROM


YEAR	MO	DAY	TO	YEAR	MO	DAY
01	01	01		01	01	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			
COLIFORM, FECAL GENERAL		*****	*****		*****	20	131		0	01/07	GR
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	300	DAILY MX			
BOD, CARBONACEOUS 05 DAY, 20C		12.9	33	(20)	*****	2	3		0	01/07	CP
30082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE, PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.J. Schardier 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
552 540-6000
DATE
11 12 20

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



Report Selections: Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0028801	Facility ID MSD0258	Water Quality Treatment Center SILVER HEIGHTS	Receiving Stream of Treatment Center MUD CREEK	Region WEST
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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	61667	9718 TITAN DR		MUD CREEK	GROUND

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	1383705	11/22/11 10:00 AM	DAVIS	HOLLEY	DOCUMENTED	03/09/11	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	11/22/11 02:45 PM	

Spot Inspections:

Discharge Amount	14,250 GAL
Cause:	LACK OF CAPACITY
Clean Up:	MSD CLEANED AND SANITIZED AFFECTED AREA
Control Zone:	TAPE AND TEMP SIGNS
Impact:	SEWAGE, SOLIDS, AND DEBRIS
Repair:	LOCATION INCLUDED IN THE IOAP

Notifications:

11/22/11 10:48 AM	DISNOT	advised customers by door
11/22/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
11/22/11 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Report Selections: Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0028801 (Cont'd)
 Facility ID MSD0258
 Water Quality Treatment Center SILVER HEIGHTS
 Receiving Stream of Treatment Center MUD CREEK
 Region WEST

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	1385276	11/28/11 01:35 PM	DAVIS	HOLLEY	DOCUMENTED	03/09/11	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	11/29/11 05:45 PM	MAIN

Spot Inspections:

Discharge Amount:	84,500 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD TO CLEAN AND SANITIZE AFFECTED AREA
Control Zone:	CAUTION TAPE AND TEMP SIGN
Impact:	SEWAGE, DEBRIS, AND SOLIDS
Repair:	THIS AREA IS INCLUDED IN THE IOAP

Notifications:

11/28/11 03:44 PM	DISPUB	customers advised by door card
11/29/11 09:46 AM	DISNOT	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
11/28/11 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

Report Selections: Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0028801 (Cont'd)	Facility ID MSD0258	Water Quality Treatment Center SILVER HEIGHTS	Receiving Stream of Treatment Center MUD CREEK	Region WEST
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Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to
SMH Sewer Manhole	61687	3501 GRISSOM WAY		MUD CREEK	GROUND

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	1383711	11/22/11 10:00 AM	DAVIS	HOLLEY	DOCUMENTED	03/09/11	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	11/22/11 02:00 PM	MAIN

Spot Inspections:

Discharge Amount	6,000 GAL
Cause:	LACK OF CAPACITY
Clean Up:	MSD CREWS TO CLEAN AND SANITIZE AREA
Control Zone:	ADVISED PROPERTY OWNER TO AVOID DIRECT CONTACT
Impact	SEWAGE SOLIDS AND DEBRIS
Repair:	AREA INCLUDED IN THE IOAP

Notifications:

11/22/11 11:04 AM	DISPUB	advised customer on site
11/22/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
11/22/11 01:00 AM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Report Selections: Excluding PPI Excluding CSO Excluding LAT, Result: WUS, Act Code: DISDW, DISREV

KPDES # KY0028801 (Cont'd)
 Facility ID MSD0258
 Water Quality Treatment Center SILVER HEIGHTS
 Receiving Stream of Treatment Center MUD CREEK
 Region WEST

<u>Activity Code / Description</u>	<u>WO#</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISREV: RAIN EVENT DISCHARGE	1385278	11/28/11 01:30 PM	DAVIS	HOLLEY	DOCUMENTED	03/09/11	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	11/29/11 05:40 PM	MAIN

Spot Inspections:

Discharge Amount:	42,250 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD CLEANED AND SANITIZED AFFECTED AREA
Control Zone:	ADVISED PROPERTY OWNER TO AVOID CONTACT
Impact:	SEWAGE, DEBRIS, AND SOLIDS
Repair:	AREA INCLUDED IN THE IOAP

Notifications:

11/28/11 03:44 PM	DISPUB	advised customer on site
11/29/11 09:45 AM	DISNOT	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
11/28/11 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov