



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

June 20, 2012

Ms. Cheryl 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 2012.**

Dear Ms. Cheryl 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 May.

Also included are the overflow reports for the month of May.

There was no exceedences, bypass during the month of May 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 0512

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

KY0028801
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

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

JEFF

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	03	01		12	03	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) 00900 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	(19	0	01/01	GR
PH	PERMIT REQUIREMENT	*****	*****	****	INST. MIN	*****	*****	MG/L		WEEKLY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****	****	7.4	*****	8.5	(12	0	01/01	GR
PH 00400 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	8	19	(25)	*****	3	4	(19	0	01/07	CP
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	LBS/D	*****	30 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOSITE
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.4	1.6	(25)	*****	0.1	0.2	(19	0	01/07	CP
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	15.7 30DA AVG	33.4 DAILY MX	LBS/D	*****	4 30DA AVG	8 DAILY MX	MG/L		WEEKLY	COMPOSITE
PHOSPHORUS, TOTAL (AS P) 00655 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****	****	*****	1.6	2.8	(19	0	01/07	CP
PHOSPHORUS, TOTAL (AS P) 00655 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOSITE
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	0.361	0.989	(06)	*****	*****	*****		0	01/01	LN
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTIN. MONIT. UNUS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****	****	*****	<0.010	<0.010	(19	0	01/01	GR
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Eric Dir
 Greg C. Matien
 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
 502 541-6666 12 06 19
 AREA CODE NUMBER YEAR MO DAY

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

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

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT

JEFF

*** 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
8405 CEDAR CREEK RD.
LOUISVILLE KY 40211
FACILITY SILVER HEIGHTS WQTC, MSD
LOCATION LOUISVILLE KY 40229
ATTN: DENNIS THOMASSON, SR METRO OPS

KY0025801
PERMIT NUMBER

001 E
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
18	03	14	18	03	31

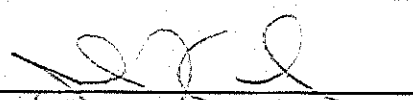
FROM

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 74055 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	*****	*****		*****	5	8	LBS	0	2/07	CR
	PERMIT REQUIREMENT	*****	*****	****	*****	30DA GED	400 DAILY MX	100ML		WEEKLY	CR
BOD, CARBONACEOUS 95 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALU	SAMPLE MEASUREMENT	7.2	9	(20)	*****	3	4	MG/L	0	01/07	CP
	PERMIT REQUIREMENT	52.5	125		*****	30DA AVG	15 DAILY MX	MG/L		WEEKLY	CR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
Greg C. Helzlsouer
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
540-6000 12 06 19
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE NO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.



Report Selections: Excluding PPI, CSO, Excluding LAT and SSL, 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	1487980	05/13/12 12:55 PM	WHITFIELD-BA KER	HOLLEY	DOCUMENTED	03/09/11	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	05/13/12 09:00 PM	MAIN

Spot Inspections:

Discharge Amount:	10,625 GAL
Cause:	LACK OF SYSTEM CAPACITY - HEAVY RAIN
Clean Up:	MSD CLEANED AND SANITIZED AFFECTED AREA
Control Zone:	TAPE AND TEMP SIGNS
Impact:	SEWAGE, DEBRIS AND SOLIDS
Repair:	A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE IOAP.

Notifications:

05/13/12 11:30 PM	DISPUB	MSD ADVISED CUSTOMER BY DOOR CARD
05/13/12 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov



Report Selections: Excluding PPI, CSO, Excluding LAT and SSL, 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 SMH Sewer Manhole	Facility ID 61687	Facility Address 3501 GRISSOM WAY	If Pump Station, Name of Pump Station:	Receiving Stream MUD CREEK	Discharge to GROUND
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Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1487982	05/13/12 01:22 PM	WHITFIELD-BA KER	HOLLEY	DOCUMENTED	03/09/11	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATER S	05/13/12 11:10 PM	MAIN

Spot Inspections:

Discharge Amount:	31,000 GAL
Cause:	LACK OF SYSTEM CAPACITY - HEAVY RAIN
Clean Up:	RAKE AND BAG/ NO LIME
Control Zone:	ADVISED PROPERTY OWNER/CUSTOMER TO AVOID DIRECT CONTACT WITH SEWAGE
Impact:	DEBRIS, SEWAGE AND SOLIDS
Repair:	A SOLUTION FOR THIS LOCATION IS INCLUDED IN THE IOAP.

Notifications:

05/14/12 01:05 AM	DISPUB	MSD ADVISED CUSTOMER ON SITE
05/14/12 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov and LisaA.Jeffries@ky.gov