



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

April 24, 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 – March 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 March 2012.

On March 9th there was a fecal coliform exceedence which resulted in 654 cols / 100 ml. The pre effluent residual was 1.0 mg/l and the 24hr flow for the day was .688 mgd. After QA/QC testing the sample, MSD has not been able to detrimine a definitive cause of the exceedences. One possible contributing factor was a rain event the night before that could have contributed to the exceedences. Another sample was taken on 3/12/12 which resulted in 2 cols / 100 ml.

There was no bypass or overflow reports for the month of March.

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 0312

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
 JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	09	01		12	09	31

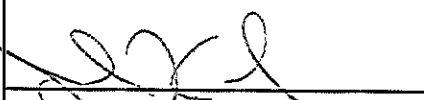
*** NO DISCHARGE 1-1 ***

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)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(19)	0	0%	GR
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L		WEEKLY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		6.3	*****	8.6	(12)	0	0%	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		WEEKLY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	23	34	(25)	*****	6	7	(19)	0	0%	CP
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	LBS/DY	*****	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1.0	1.6	(26)	*****	0.3	0.3	(19)	0	0%	CP
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	41.7 30DA AVG	83.4 DAILY MX	LBS/DY	*****	10 30DA AVG	20 DAILY MX	MG/L		WEEKLY	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.6	2.1	(19)	0	0%	CP
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		WEEKLY	COMPOS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.529	1.043	(08)	*****	*****	*****		0	CU	CU
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	*****	*****	*****	****		CONTINUOUS	UDUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)	0	0%	GR
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.011 30DA AVG	0.019 DAILY MX	MG/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 Greg C. Hetzeman
 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
47 540-6000	12 04 19
AREA CODE NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE MD 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
 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
 *** NO DISCHARGE 1/1/01 ***

Form Approved.
 OMB No. 2040-0004

JEFFS


MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
12	03	01		12	03	31

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			
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	31	54684 (13)		1	05/30	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400 #/30DA GED DAILY MX			WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	13.1	17	(26)	*****	4	5 (19)		0	01/07	CP
	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY	CUMPOS
	SAMPLE MEASUREMENT	30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Greg Dir
 Greg E. Hetzeman
 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 12 04 19

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

Silver Heights		Report for	Mar-12			Tot. Exc.=	1 Violation			
Tot. Flow= 16.39614			Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
3/1/12	0.365	6	2	0.28		18.242	6.081	0.851	2.08	
3/2/12	0.566				8					
3/3/12	0.523									
3/4/12	0.445									
3/5/12	0.539									
3/6/12	0.506									
3/7/12	0.434									
3/8/12	0.689	6	3	0.28		34.494	17.247	1.610	1.27	
3/9/12	0.688				654					
3/10/12	0.552									
3/11/12	0.471									
3/12/12	0.483				2					
3/13/12	0.441									
3/14/12	0.377									
3/15/12	0.368	5	4	0.28		15.360	12.288	0.860	1.69	
3/16/12	0.867				62					
3/17/12	0.689									
3/18/12	1.043									
3/19/12	0.697									
3/20/12	0.558									
3/21/12	0.455									
3/22/12	0.404	7	5	0.17		23.581	16.844	0.573	1.16	
3/23/12	0.619				41					
3/24/12	0.797									
3/25/12	0.587									
3/26/12	0.479									
3/27/12	0.407									
3/28/12	0.373									
3/29/12	0.327									
3/30/12	0.326									
3/31/12	0.319									
Average	0.529	6.00	3.50	0.25	30.55	22.92	13.11	0.97	1.55	
Maximum	1.043	7.00	5.00	0.28	654.00	34.49	17.25	1.61	2.08	
Exceed.	15	0	0	0	1	0	0	0		