



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

May 25, 2010

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 – April 2011.**

Dear Ms. 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 April 2011.


Also included are the April overflow reports.

There were no overflow reports for Silver Heights WQTC for the month of April.

During the month of April there was a weekly fecal exceedence on April 30th. The fecal result was 1800 colonies/100ml. The pre-effluent Cl₂ residual was .50mg/l. After investigating, we are unable to determine the cause of the fecal exceedence, but have a belief that it was due to a contaminated fecal bottle. The Corning container company issued notice of contaminated fecal containers. This notice requested us to discontinue use and dispose of any leftover container. It is possible that the operator had some of the contaminated bottles in the field that were used.

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

Sincerely,



John Kassel
Process Supervisor, West region

JMK/Silver Heights 0311

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)

7 - FINAL

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
8405 CEDAR CREEK RD.
LOUISVILLE KY 40211
FACILITY SILVER HEIGHTS WQTC MSD
LOCATION LOUISVILLE KY 40227
ATTN: DENNIS THOMASSON, SR METRO DPS

KY0028801
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO.	DAY	TO	YEAR	MO.	DAY

PARAMETER		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	*****	*****	1.19	0	1/10	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	***	INST MIN	*****	*****	MG/L			
EFFLUENT GROSS VALUE				***							
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.6	1.12	0	1/10	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.0	*****	7.0				
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	29	79	1.25	*****	5	9	1.17	0	1/10	CP
00520 1 0 0	PERMIT REQUIREMENT	125	250		*****	30	50				
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	5.7	20.3	1.20	*****	0.7	2.2	1.17	0	1/10	CP
00610 1 2 0	PERMIT REQUIREMENT	41.7	50.0		*****	10	20				
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	1.2	1.9	1.17	0	1/10	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT				
EFFLUENT GROSS VALUE				***		MO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.829	2.080	1.03	*****	*****	*****		0	EN	EN
00050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	***			
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				***		DOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	10.010	10.010	1.17	0	1/10	GR
00060 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	0.011	0.017				
EFFLUENT GROSS VALUE				***		30DA AVG	DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

*** NO DISCHARGE 11/05/20 ***

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

RY00028501

PERMIT NUMBER

0012

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR	MO.	DAY

TO

YEAR	MO.	DAY

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	19	1800		1	0/07	GR
GENERAL	PERMIT REQUIREMENT	*****	*****	***	*****	30DA GEG	DAILY MX	100ML			
74055 1 0 0				****							
EFFLUENT GROSS VALUE											
BOD, CARBONACEOUS	SAMPLE MEASUREMENT	13.6	15		*****	4	5		0	0/07	CP
05 DAY, 20C	PERMIT REQUIREMENT	30DA AVG	DAILY MX	LBS/DY	*****	30DA AVG	DAILY MX	MG/L			
80082 1 0 0											
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir

H.J. Schandier, 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

502

540-6031

11 05 20

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.

See cover letter for explanation of expedience.

Silver Heights		Report for	Apr-11		Tot. Exc.=	1	Violation		
Tot. Flow=	24.881		Concentrations				Pounds		
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
4/1/11	0.267								
4/2/11	0.277								
4/3/11	0.279	4	5	0.2	1	9.307	11.634	0.396	1.86
4/4/11	0.622								
4/5/11	0.677								
4/6/11	0.519								
4/7/11	0.421								
4/8/11	0.382								
4/9/11	0.432								
4/10/11	0.422	3	4	0.22	4	10.558	14.078	0.774	1.34
4/11/11	0.832								
4/12/11	2.08								
4/13/11	1.178								
4/14/11	0.732								
4/15/11	0.623								
4/16/11	0.72								
4/17/11	0.603	3	3	0.28	17	15.087	15.087	1.408	0.358
4/18/11	0.503								
4/19/11	0.454								
4/20/11	0.74								
4/21/11	0.551								
4/22/11	0.674								
4/23/11	1.515								
4/24/11	1.647								
4/25/11	1.624								
4/26/11	1.333								
4/27/11	1.517								
4/28/11	1.468								
4/29/11	1.057	9		2.3	1800	79.338		20.275	
4/30/11	0.732								
Average	0.829	4.75	4.00	0.74	18.70	28.57	13.60	5.71	1.19
Maximum	2.080	9.00	5.00	2.30	1800.00	79.34	15.09	20.28	1.86
Exceed.	22	0	0	0	1	0	0	0	

Report Selections: Excluding PPI, CSO, 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 SLS Sewer Lift Station	Facility ID MSD0258A-LS	Facility Address 9412 SLAYTON CT	If Pump Station, Name of Pump Station: SILVER HEIGHTS WQTC INFL PS	Receiving Stream MUD CREEK	Discharge to GROUND
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<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	1242548	04/11/11 07:14 PM	MARKS JR	THOMPSON	BEYOND APPROVED DESIGN STORM	04/11/11	BYPASS AT WQTC	UNAUTHORIZED DISCHARGE - WATERS	04/11/11 07:18 PM	

Spot Inspections:

Discharge Amount:	3,964 GAL
Cause:	SOLIDS WASHING OUT OVER THE WEIR DUE TO HEAVY RAINS IN AREA
Clean Up:	NO CLEANUP POSSIBLE, DISCHARGE DIRECTLY TO STREAM
Control Zone:	PERMENANT SIGNS ALONG THE CREEK
Impact:	SOLIDS TO CREEK
Repair:	TURNED OFF BLOWERS TO STOP OVERFLOW

Notifications:

04/11/11 08:47 PM	DISPUB	msd notified public with signs
04/11/11 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/11/11 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, CSO, 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 SMH Sewer Manhole	Facility ID 61683	Facility Address 9412 SLAYTON CT	If Pump Station, Name of Pump Station:	Receiving Stream MUD CREEK	Discharge to DITCH
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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	1249246	04/23/11 05:40 AM	ELDER	KESSEL	BEYOND APPROVED DESIGN STORM	04/04/08	POWER OUTAGE (LG&E)	UNAUTHORIZED DISCHARGE - WATERS	04/23/11 05:06 AM	

Spot Inspections:

Discharge Amount:	650 GAL
Cause:	LOSS OF LG&E POWER
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	PLACED TEMPORARY SIGNS AROUND THE IMPACTED AREA
Impact:	SEWAGE/WATER DISCHARGING FROM MANHOLE OF INFLUENT PUMP STATION
Repair:	INSTALLED MOBILE GENERATOR FOR POWER

Notifications:

	DISPUB.	Temporary signs posted around affected area
04/23/11 01:00 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/23/11 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