MSD
Metropolitan Sewer District

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

October 18, 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 – September 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 September 2011.

There were no exceedences or bypass reports for the month of September for Silver Heights WQTC

Also included is an overflow report for the month of September.

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 0911

Enclosures

cc: T. Singleton
R. Shaw
C. Roth

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME SILVER HEIGHTS WQTC MSD
ADDRESS C/O CEDAR CREEK WQTC
8408 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 E — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 11 MO 01 DAY 01 TO YEAR 11 MO 01 DAY 30

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

JEFFE

Form Approved.
OMB No. 2040-0004

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7	******	******		0	01/01	GR
	PERMIT REQUIREMENT	******	******	****	INST MIN			MG/L			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		6.1	******	7.5		0	01/01	GR
	PERMIT REQUIREMENT	******	******	****	6.0 MINIMUM	******	7.5 MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	8	21		******	5	10		0	01/07	CP
	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	LBS/DY	******	30 30DA AVG	60 DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 3 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.6	0.8		******	0.4	0.6		0	01/07	CP
	PERMIT REQUIREMENT	2.7 30DA AVG	5.4 DAILY MX	LBS/DY	******	2 30DA AVG	4 DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	3.4	3.7		0	01/07	CP
	PERMIT REQUIREMENT	******	****** ****	****	******	REPORT MO AVG	REPORT DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.207	0.563		******	******	******		0	CN	CN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT INST MAX	MGD	******	******	******	****		VOLUS	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	<0.010	<0.010		0	01/01	GR
	PERMIT REQUIREMENT	******	****** ****	****	******	0.011 30DA AVG	0.021 DAILY MX	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Exec Dir W T Sheadin Jr	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	AREA CODE 502	NUMBER 540-6000	YEAR 11	MO 10	DAY 14
TYPED OR PRINTED							

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
USE MO 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 40213
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)*

KY0025291	001 E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD: FROM YEAR 07 MO. 01 DAY 01 TO YEAR 07 MO. 01 DAY 31

Form Approved.
OMB No. 2040-0004

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

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	4	13	# /100ML	0	01/07	GR
	PERMIT REQUIREMENT	******	******	****	******	200 30DA GEO	400 DAILY MX				
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.3	8		******	3	4	MG/L	0	01/07	CP
	PERMIT REQUIREMENT	62.5 30DA AVG	125 DAILY MX	LBS/DY	******	15 30DA AVG	30 DAILY MX				
	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			TELEPHONE		DATE		
Exec. Dir H.J. Schardein 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	AREA CODE 502	NUMBER 540-6000	YEAR 11	MO 10	DAY 18

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

Silver Heights Report for **Sep-11** Tot. Exc.= 0

Tot. Flow=	6.219	Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
9/1/11	0.169	2	3	0.28	1	2.819	4.228	0.395	3
9/2/11	0.175								
9/3/11	0.176								
9/4/11	0.182								
9/5/11	0.186								
9/6/11	0.183								
9/7/11	0.18								
9/8/11	0.177								
9/9/11	0.163	4	3	0.56	13	5.438	4.078	0.761	3.74
9/10/11	0.17								
9/11/11	0.189								
9/12/11	0.174								
9/13/11	0.185								
9/14/11	0.168								
9/15/11	0.199								
9/16/11	0.176	3	3	0.39	4	4.404	4.404	0.572	3.47
9/17/11	0.171								
9/18/11	0.188								
9/19/11	0.186								
9/20/11	0.213								
9/21/11	0.183								
9/22/11	0.169								
9/23/11	0.253	10	4	0.28	4	21.100	8.440	0.591	3.35
9/24/11	0.208								
9/25/11	0.207								
9/26/11	0.563								
9/27/11	0.313								
9/28/11	0.279								
9/29/11	0.231								
9/30/11	0.203								
Average	0.207	4.75	3.25	0.38	3.80	8.44	5.29	0.58	3.4
Maximum	0.563	10.00	4.00	0.56	13.00	21.10	8.44	0.76	3.7
Exceed.	1	0	0	0	0	0	0	0	

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

KPDES #	Facility ID	Water Quality Treatement Center	Receiving Stream of Treatment Center	Region
KY0028801	MSD0258	SILVER HEIGHTS	MUD CREEK	WEST

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

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1345846	09/26/11 12:00 AM	DAVIS	HOLLEY	DOCUMENTED	03/09/11	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATERS	09/26/11 04:45 AM	MAIN

Spot Inspections:

Discharge Amount:	9,000 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD CLEANED AND SANITIZED AREA
Control Zone:	CAUTION TAPE AND SIGNS
Impact:	PERSONAL HYGIENE PRODUCTS, SOLIDS, SEWAGE, AND OTHER MISC DEBRIS
Repair:	LOCATION IS INCLUDED IN THE IOAP

Notifications:

09/26/11 04:14 PM	DISPUB	msd advised customers using caution tape and temporary signs
10/12/11 02:03 PM	DISNOT	Manual email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov