

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 detrime 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



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

SILVER HÈIGHTS WOTC MSD

ADDRESS C/O CEDAR CREEK WOTC 8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY SILVER HEIGHTS WOTC MSD LOCATION LOUISVILLE

KY 40229

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

KY0028801 **PERMIT NUMBER**

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Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE !

PARAMETER	QUANTITY OR LOADING			(QUALITY OR CONCENTRATION				FREQUENCY OF	SAMPLE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MUMIXAM	UNITS	EX	ANALYSIS	TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	称称非常称	茶谷水杏花木		7	****	****	(19)	0	01/01	GR
00300 1 0 0 <u>Effluent gross valu</u> i	PERMIT REQUIREMENT	本水水水水	******** *********	****	7 INST MIN	****	**************************************	MG/L		WEEKLY	GRAE
PH	SAMPLE MEASUREMENT	***	本本宗宗本宗		6.3	安安安安安	8.6	(12)	C	01/08	G2
00400 1 0 0 <u>Effluent gross valu</u> i	PERMIT REQUIREMENT	安存本本本	****	***	6.0 MINIMUM	****	O.P MUMIXAM	SU	577 12 600 578 12 577 588 12 577 1885 12 578	WEEKLY	GRAB
SGLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	კ	34	(25)	茶水水水水	6	7	(19)	O	01/07	CP
00530 1 0 ¢ <u>Effluent Gross valu</u> i	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	LBS/D	**************************************	30 30DA AVG	60 DAILY MX	MG/L		WEEKLY	COMPO
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	1.0	1.6	⟨ 26⟩	家家家常常家	<u>0</u> .3	0.3	(19)	C	01/67	CP
00610 1 2 0 Effluent gross valum	PERMIT REQUIREMENT	41.7 30DA AVG	BG 4 DAILY MX	LBS/D	********	10 30DA AVG	20 DAILY MX	MG/L	Sections:	WEEKLY	COMPO
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	****	本次会会政会		常衣宗称本本	1.6	2.1	(19)	0	01/07	CP
00665 1 0 0 EFFLUENT GROSS VALUI		*****	*****	**** ****	水水水水水水	REPORT MO AVG	REPORT DAILY MX	MG/L	156 (146) V	WEEKLY	COMPU
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.529	1.043	(03)	茶茶茶茶茶	****	****		0	en	رى
50050 1 0 0 Effluent großs valui		REPORT	REPORT INST MAX	MGD	本本本本本本	*****	****	**** ****		CONTIN DOUS	CUNII
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	******		安安安 安安	40:010	40.010	(17)	0	01/01	GR
50060 1 0 0 Effluent gross valui				***	******	0.011 30DA AVG	0.019 Daily MX	MG/L	\$ 144 \$ 150	MEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE	prepare to assur- submitte or those	under penalty of law that the d under my direction or sup- e that qualified personnel pr ed. Based on my inquiry of the persons directly responsible	ervision in accordance with : operly gather and evaluate t he person or persons who ma for gathering the informatic	n system designed he information anage the system, on, the informatio		Yl		TELEPHON			NTE .
TYPED OR PRINTED	ted is, to the best of my knowledge and belief, true, accurate, and complete. ware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE							1	19 DAY		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

USE MO AVG FOR BODITSS REMV: REPT IN MINIMUM COLUMN.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) SILVER HEIGHTS WOTC MSD

ADDRESS C/O CEDAR CREEK WOTO 8405 CEDAR CREEK RD

LOUISVILLE

KY 40211

FACILITY SILVER HEIGHTS WOTC MSD LOCATION LOUISVILLE

KY 40229 ATTN: DENNIS THOMASSON, SR METRO OPS NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

KY0028801

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001 2 DISCHARGE NUMBER

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Form Approved.

OMB No. 2040-0004

SANITARY WASTEWATER

EFFLUENT

*** NO DISCHARGE !

NOTE: Read Instructions before completion

PARAMETER		I UFS				NOTE: Read Instructions before completing this form.						
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		AVERAGE .	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE	
CDLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	****	本本本本本本		水水水水水	31	154684	/ (13		US/30	GR.	
74055 1 0 0 Effluent gross valum	PERMIT REQUIREMENT	*****	****	**** ****	*****	200 30DA GEO	400 DAILY M		Shell (1)	WEEKLY		
	SAMPLE MEASUREMENT	13.1	17	(26)	****	4	5	(19)	0	01/07	وع	
30082 1 0 0 <u>EFFLUENT GROSS VAL</u> UI	PERMIT REQUIREMENT	52.6 30DA AVG	125 DAILY MX	LBS/DY	****	15 30DA AVG	DAILY M	20,71	- 122 - 14 Y - 152 - 177 S	WEEKLY	CUMPO	
	SAMPLE MEASUREMENT				The state of the s		The second secon	A REZE				
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	PERMIT REQUIREMENT	The Control of the Co										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 1 certify under penalty of law that this document and all a prepared under my direction or supervision in accordance to assure that qualified personnel properly gather and evaluations are the properly gather and evaluations.		rvision in accordance with a merly enther and minimes to	system designed	.			TELEPHONE		DATE			
Grea C. Hetizm	submitte or those submitte	ed. Based on my inquiry of the persons directly responsible is ed is, to the best of my knowle	e person or persons who man for gathering the information	nage the system, n, the information		2()(_)	EXECUTIVE	J. 5411.1	1000	12 04	-)	
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EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

USE MD AVG FOR BOD/TSS REMV; REFT IN MINIMUM COLUMN.

01747/This is a 4-part form.

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Silver Heig		Report for	Mar-12	-	Γot. Exc.≒	1	Violation		
Tot. Flow=	16.39614		Concentr				Pounds		
Date	Flow	TSS	BOD	инз	Fecal	TSS	BOD	NH3	Tot. Phos.
3/1/12 3/2/12	0.365	6	2	0.28		18.242	6.081	0.851	2.08
3/3/12 3/3/12	0.566 0.523				8	3			
3/4/12	0.523							•	
3/5/12	0.539			•	•				
3/6/12	0.506								
3/7/12	0.434				*				
3/8/12	0.689	6	3	0.28		24.404	47.047	4.040	
3/9/12	0.688	0	3	0.20	654	34.494	17.247	1.610	1.27
3/10/12	0.552				004	•			
3/11/12	0.471								
3/12/12	0.483				2	ı			
3/13/12	0.441				ĺ	•			
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		12.200	0.000	1.09
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		,			***		<u></u>	
Average Maximum	0.529	6.00	3.50	0.25	30.55		13.11	0.97	1.55
Exceed.	1.043	7.00	5.00	0.28	654.00	34.49	17.25	1.61	2.08
LXCEEU.	15	. 0	0	0	1	0	0	0	