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

November 11, 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 – Oct 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 October.

There was one fecal exceedences. Upon investigation, we are unable to determine the cause of this exceedences. Immediately prior to taking this fecal sample, the pre-effluent residual was 0.84 mg/l. Additional fecal samples taken after the exceedences confirmed that the plant was within permit requirements. Accordingly, it appears that the exceedences was a QA/QC issue with the sampling or testing attributable to cross contamination of operator or contamination from sampling equipment. As a precaution plant operators were reminded of proper sampling techniques.

There were no bypasses or overflows during the month of October 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 1012

Enclosures

cc: T. Singleton
R. Shaw

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: CEDAR CREEK WQTC
ADDRESS: 8405 CEDAR CREEK RD
LOUISVILLE, KY 40211
FACILITY: SILVER HEIGHTS WQTC MSD
LOCATION: 9418 SLAYTON CT
LOUISVILLE, KY 40229

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0028801	001-2
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2012	TO	10/31/2012

DMR Mailing ZIP CODE: 40211
MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	7	******	******		0	01/01	GR
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	7 INST MIN	******	******	mg/L		Weekly	GRAB
pH	SAMPLE MEASUREMENT	******	******	******	7	******	8		0	01/01	GR
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6 MINIMUM	******	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	14	33		******	7	12		0	01/07	CP
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 30DA AVG	250 DAILY MX	lb/d	******	30 30DA AVG	60 DAILY MX	mg/L		Weekly	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	1.2	3.6		******	0.5	1		0	01/07	CP
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	16.7 30DA AVG	33.4 DAILY MX	lb/d	******	4 30DA AVG	8 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******	******	******	2.6	3.0		0	01/07	CP
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.207	0.411		******	******	******	******	0	CN	CN
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	******	******	******	******		Continuous	CONTIN
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	<0.010	<0.010		0	01/01	GR
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Exec Dir Greg Hubiszak	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	502 540-6000		11/12/2012
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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)

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OMB No. 2040-0004

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	******	14	7680		1	9/31	GR
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	200 30DA GEO	400 DAILY MX	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	9.3	28		******	4	10		0	01/07	CP
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	62.6 30DA AVG	125 DAILY MX	lb/d	******	15 30DA AVG	30 DAILY MX	mg/L		Weekly	COMPOS

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Exec Dir Greg Hetzman	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	502 540-6000		11/21/2012
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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 fecal exceedance *

Silver Heights Report for **Oct-12** Tot. Exc.= 1 **Violation**

Tot. Flow= 6.43 Concentrations Pounds

Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.
10/1/12	0.333	12	10	1.3		33.327	27.772	3.610	2.16
10/2/12	0.411				7680				
10/3/12	0.295				48				
10/4/12	0.256				9				
10/5/12	0.238				12				
10/6/12	0.238				4				
10/7/12	0.22				9				
10/8/12	0.202	2	2	0.34		3.369	3.369	0.573	2.46
10/9/12	0.187				4				
10/10/12	0.196								
10/11/12	0.184								
10/12/12	0.17								
10/13/12	0.178								
10/14/12	0.207								
10/15/12	0.182	11	2	0.22		16.697	3.036	0.334	2.98
10/16/12	0.187				2				
10/17/12	0.18								
10/18/12	0.203								
10/19/12	0.17								
10/20/12	0.164								
10/21/12	0.179								
10/22/12	0.181	3	2	0.28		4.529	3.019	0.423	2.96
10/23/12	0.159				2				
10/24/12	0.115								
10/25/12	0.164								
10/26/12	0.202								
10/27/12	0.26								
10/28/12	0.219								
10/29/12	0.189								
10/30/12	0.188								
10/31/12	0.173								
Average	0.207	7.00	4.00	0.54	14.16	14.48	9.30	1.23	2.64
Maximum	0.411	12.00	10.00	1.30	7680.00	33.33	27.77	3.61	2.98
Exceed.	0	0	0	0	1	0	0	0	