



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

April, 17, 2013

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 2013.**

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 2013.

There were no bypasses or overflow reports during the month of March for the Silver Heights WQTC.

During the month of March there was an exceedance for minimum Dissolved Oxygen. This occurred on March 12th. A reported 5.4 mg/l sample was taken from the effluent v-notch weir. We believe this low reading could have been the result of reducing air to our secondary system during a rain event to prevent a bypass of bio solids. Our 24hr flow that was recorded on the day this sample was taken was .722 mgd. And the previous day rain total that was recorded at the plant was 1.4 inches.

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 0313

Enclosures

cc: T. Singleton
R. Shaw



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com

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

KY0028801	001-2
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 40211

MINOR
(SUBR LV) JEFFE
SANITARY WASTEWATER
External Outfall

ATTN: KEVIN RIES

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 03/01/2013	TO	03/31/2013	

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) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	5	*****	*****		1	01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	mg/L		Weekly	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	8		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	46	79		*****	11	17		0	01/07	CP
	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) 00610 1 2 Effluent Gross	SAMPLE MEASUREMENT	5.1	13.9		*****	1	3		0	01/07	CP
	PERMIT REQUIREMENT	41.7 30DA AVG	83.4 DAILY MX	lb/d	*****	10 30DA AVG	20 DAILY MX	mg/L		Weekly	COMPOS
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.3	2.6		0	01/07	CP
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.498	1.092		*****	*****	*****	*****	0	CO	CO
	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. INST MAX	MGD	*****	*****	*****	*****		Continuous	CONTIN
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.010	<0.010		0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	.011 30DA AVG	.019 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Exec Dir Greg Hestizman</i> 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.	TELEPHONE		DATE
		502-548-6000		04/25/2013
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>		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 explanation of Exceedance.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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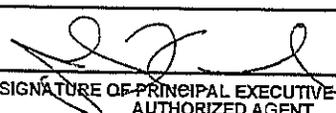
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

FROM

TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general 74055 1 0 Effluent Grdss	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	385		0	05/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	200 30DA GEO	400 DAILY MX	#/100mL		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	26.5	37.4 37	lb/d	*****	7	8		0	01/07	CP
	PERMIT REQUIREMENT	62.6 30DA AVG	125 DAILY MX	lb/d	*****	15 30DA AVG	30 DAILY MX	mg/L		Weekly	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director Greg Hatziman 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	
			562-540-6000	04-25-2013	
			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.

Silver Heights		Report for	Mar-13			Tot. Exc.=						
Tot. Flow= 15.42579			Concentrations			0						
Date	Flow	TSS	BOD	NH3	Fecal	TSS	Pounds BOD	NH3	Tot. Phos.	D.O.	p.H.	TRC
3/1/13	0.402									8	7.5	
3/2/13	0.417									8.3	8.1	
3/3/13	0.381	9	8	0.5		28.608	25.429	1.430	1.34	8.6	8.3	
3/4/13	0.344				8					8.5	7.2	
3/5/13	0.444									8.1	7.5	
3/6/13	0.490									8.7	6.9	
3/7/13	0.408									8.5	7	
3/8/13	0.376									8.5	7.2	
3/9/13	0.357									8.1	7.2	
3/10/13	0.362	9	5	0.67		27.167	15.093	2.022	1.99	8	7.3	
3/11/13	1.022				385					6	6	
3/12/13	0.722									5.4	6	
3/13/13	0.543									8.1	7	
3/14/13	0.471									8.8	8.2	
3/15/13	0.418									8.5	8.3	
3/16/13	0.388									7.9	7.9	
3/17/13	0.552									7.9	7.9	
3/18/13	1.092									7	8.2	
3/19/13	0.897									7.2	7.7	
3/20/13	0.640	9	7	2.6		48.017	37.346	13.871	0.797	7.2	8.2	
3/21/13	0.517				290					8.9	6.5	
3/22/13	0.448									8.5	6.5	
3/23/13	0.399									8.1	6.4	
3/24/13	0.528									8.3	6.5	
3/25/13	0.560	17	6	0.62		79.429	28.034	2.897	1.2	7	6.9	
3/26/13	0.472				31					8.4	6.1	
3/27/13	0.412									8.1	6	
3/28/13	0.355				11					7.9	6.7	
3/29/13	0.346									8.6	7.4	
3/30/13	0.330									7.9	6.7	
3/31/13	0.333									7.8	6.9	
Average	0.498	11	7	1	49.74	46	26.476	5.06	1.3	7.96	7	0.00
Maximum	1.092	17	8	2.6	385.00	79	37.346	13.9	2.0	8.90	8	0.00
Exceed.	10	0	0	0	0	0	0	0				