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

February 20, 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 – January 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 January.

There were no exceedences, bypasses during the month of January for the Silver Heights WQTC.

Also included are the overflow reports for the month of January.

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 0113

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: KEVIN RIES

KY0028801	001-2
PERMIT NUMBER	DISCHARGE NUMBER

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

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	25	36		******	9	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	0.9	1.5		******	0.3	0.5		0	01/07	CP
00610 1 2 Effluent Gross	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)	SAMPLE MEASUREMENT	******	******	******	******	1.2	2.0		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	0.414	1.169		******	******	******	******	0	RN	RN
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 Heitzman	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		02/19/2013
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)

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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	SAMPLE MEASUREMENT	******	******	******	******	3	13		0	01/07	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	8.9	14		******	3	3		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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Exec Dir Greg Heitzman	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		02/20/2013
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.

Silver Heights Report for **Jan-13** Tot. Exc.= 0

Tot. Flow=	12.82972	Concentrations				Pounds						
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	D.O.	p.H.	TRC
1/1/13	0.394	11	3	0.45		36.152	9.860	1.479	1.29			
1/2/13	0.361				9							
1/3/13	0.321											
1/4/13	0.299											
1/5/13	0.296											
1/6/13	0.297											
1/7/13	0.244											
1/8/13	0.258	12	3	0.34		25.777	6.444	0.730	1.95			
1/9/13	0.267				13							
1/10/13	0.256											
1/11/13	0.541											
1/12/13	0.479											
1/13/13	0.290											
1/14/13	1.169											
1/15/13	0.785											
1/16/13	0.663											
1/17/13	0.566	5	3	0.11		23.611	14.166	0.519	0.425			
1/18/13	0.463				6							
1/19/13	0.443											
1/20/13	0.395											
1/21/13	0.348											
1/22/13	0.315	6	2	0.34		15.783	5.261	0.894	1.05			
1/23/13	0.315				7							
1/24/13	0.282											
1/25/13	0.264											
1/26/13	0.274											
1/27/13	0.280											
1/28/13	0.283											
1/29/13	0.302											
1/30/13	0.778											
1/31/13	0.602											
Average	0.414	8.50	2.75	0.31	8.37	25.33	8.93	0.91	1.18			
Maximum	1.169	12.00	3.00	0.45	13.00	36.15	14.17	1.48	1.95			
Exceed.	7	0	0	0	0	0	0	0				

Report Selections: Excluding PPI, CSO, Excluding LAT and SSL, 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	61667	9718 TITAN DR		MUD CREEK	GROUND

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed	Condition
DISREV: RAIN EVENT DISCHARGE	1623235	01/13/13 02:00 PM	ANDERSON	HOLLEY	DOCUMENTED	03/09/11	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATERS	01/14/13 12:00 AM	MAIN

Spot Inspections:

Discharge Amount:	120,000 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	MSD TO CLEAN SANITIZED AFFECTED AREA
Control Zone:	TEMP SIGNS
Impact:	PERSONAL HYGIENE PRODUCTS, DEBRIS, SEWAGE & SOLIDS
Repair:	AREA INCLUDED IN THE IOAP

Notifications:

01/13/13 03:33 PM	DISPUB	MSD ADVISD CUSTOMER BY DOOR CARD
01/13/13 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov
01/13/13 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov

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

KPDES #	Facility ID	Water Quality Treatement Center	Receiving Stream of Treatment Center	Region
KY0028801 (Cont'd)	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	1623231	01/13/13 02:15 PM	ANDERSON	HOLLEY	DOCUMENTED	03/09/11	LACK OF SYSTEM CAPACITY	UNAUTHORIZED DISCHARGE-WATERS	01/14/13 12:15 AM	MAIN

Spot Inspections:

Discharge Amount:	15,000 GAL
Cause:	LACK OF SYSYTEM CAPACITY
Clean Up:	MSD CLEANED AND SANITIZED AFFECTED AREA
Control Zone:	CAUTAPE AND TEMP SIGNS
Impact:	DEBRIS, SEWAGE, SOLIDS
Repair:	AREA INCLUDED IN THE IOAP

Notifications:

01/13/13 03:27 PM	DISPUB	MSD ADVISED ON SITE
01/13/13 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov and LisaA.Jeffries@ky.gov
01/13/13 01:00 PM	DISSNO	Supplemental Email notification of unauthorized discharge has been sent to eppc.ert@ky.gov, Sayre.Dennis@epamail.epa.gov, Charlie.Roth@ky.gov