

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

April 21, 2008

Ms. Kathy Thurman Kentucky Division of Water 14 Reilly Road Frankfort, Kentucky 40601

**Re:** MSD Metro Operations

Silver Heights WTP; KPDES No.: KY0028801 Discharge Monitoring Reports – March 2008.

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of March 2008. Additionally, the discharge spreadsheets fot the Silver Heights STP is enclosed with this letter.

If you have any questions concerning the attached DMRs, please contact me at (502) 540-6031.

Sincerely,

Kevin D. Ries

**Process Supervisor West Operations** 

KDR/Silver Heights 0308.doc

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**Enclosures** 

cc: T. Singleton

R. Shaw





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

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Mr. Charlie Roth Kentucky Division of Water 9116 Leesgate Rd Louisville, Kentucky 40222-5084

**Re:** MSD Metro Operations

Silver Heights WTP; KPDES No.: KY0028801 Discharge Monitoring Reports – March 2008.

Dear Mr. Roth:

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Kevin D. Ries

Process Supervisor West Operations

KDR/Silver Heights 0308.doc

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MONITORING PERIOD

TO

YEAR

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Form Approved. OMB No. 2040-0004

NAME ALL OFF PARTOHIE BILL MED

ADDRESS CIR CHIDAR CREEK STP

SILVER REIGHTS STR MSD

MADS CEDAR CREEK RD

LOCATION LOUISVILLE

MY 40211 LOUISVILLE

ATTW: DEWNIE THOMASSON, SR METRO DPS

MY 40229

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SANITARY WASTEWATER EFFLUENT

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NOTE: Read Instructions before completing this form.

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NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER I certif	ry under penalty of law that the ed under my direction or sup			ned	$\wedge$		TELEPHO	AE	D/	ATE
H.J. Schardein Exec. D:reofor	to assu submit or thos submit	are that qualified personnel p ted. Based on my inquiry of the persons directly responsibuted is, to the best of my kno ware that there are significan	roperly gather and evaluate the person or persons who le for gathering the information wledge and belief, true, acc	the information manage the systeation, the informa curate, and compl	tron ete. SIGNA	TURE OF PRINCIPAL	EXECUTIVE 502	540-1	6000	080	4 21

**TYPED OR PRINTED** including the possibility of fine and imprisonment for knowing violations. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

YEAR

NUMBER

OFFICER OR AUTHORIZED AGENT

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

Form Approved. OMB No. 2040-0004

CHIVER HETGHTS STE MSD

ADDRESS CIT CEDAR CREEK STP

SAGE CEDAR CREEK RD LOUISVILLE

LOCATION.

KY 40211

BILVER HEIGHTS SIP MED KY 40229 uvaassaat OF TOE DISCHARGE NUMBER PERMIT NUMBER

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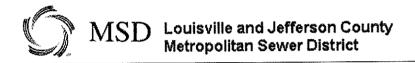
\*\*\* NO DISCHARGE I I \*\*\*

NOTE: Read Instructions before completing this form.

ATTN: DENNIS THOMASS	ichi. Em	1-15	TRO OPS	<u> </u>				NOTE: Read In	istructions be	rore cor		
PARAMETER			QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUN	UNITS		ANALYSIS	
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	SAMPL MEASURE											
	PERMI REQUIREN	200										
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designe			ned	0 —			TELEPHONE		ATE	
H.J. Schardein Exec. D. rector		to assure submitte or those	e that qualified personnel p ad. Based on my inquiry of persons directly responsible	roperly gather and evaluate the person or persons who le for gathering the informa	the information manage the systemation, the informa-	em, tion	≈D.165	5	502 540	- ( . 10) A	080	4 21
TYPED OR PRINTED		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.				CIGIT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			ER	<u></u>	MO DAY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

USE MG AVO FOR BODYTES REMV: REPT IN MINIMUM COLUMN.



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

KPDES #	
KY0028801	

Facility ID

Treatment Plant Name SILVER HEIGHTS

Receiving Stream of Treatment Plant MUD CREEK

Region WEST

Facility Type
SMH Sewer Manhole

Facility ID 61667 Facility Address 9718 TITAN DR If Pump Station, Name of Pump Station:

Receiving Stream

US

MUD CREEK

Discharge to GROUND

Activity Code / Description DISREV: RAIN EVENT DISCHARGE WO# 750896 Initiated 03/04/08 09:50 AM Initiated By MARINO Assigned To RIES Disch Stat R Event Date 03/04/08

<u>Problem</u> MECHANICAL FAILURE Resolution DISCHARGE TO WATERS OF THE Completed 03/04/08 10:25 AM

Spot Inspections:

The Antonia of the Control of the Co
875 GAL
#1 PUMP FAILURE DUE TO BLOCKAGE
MSD PERSONNEL SCRUBBED CLEAN & SANITIZED AFFECTED AREA.
ADVISED CUSTOMER TO AVOID DIRECT CONTACT WITH SEWAGE & SIGNS WERE PLACED AROUND AREA.
SOLIDS WERE FOUND.
UNCLOG #1 PUMP & RETURN TO SERVICE
The second secon

## Notifications:

27791	The white the first continue to a manifest of the state o	
	03/04/08 12:58 AM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
	03/04/08 09:50 AM	ADVISED CUSTOMER BY DOOR CARD
	03/04/08 12:58 AM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov