



MSD

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

June 23, 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 – May 2008.**

Dear Ms. Thurman:

Attached is the Discharge Monitoring Reports (DMRs) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of May 2008. Additionally, the discharge spreadsheet for the Silver Heights WTP is enclosed.

Also enclosed, is a copy of the bypass report for Silver Heights WTP on May 3, 2008.
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 0508.doc

Enclosures

cc: P. Burgin
T. Singleton
R. Shaw
C. Roth



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

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

AME SILVER HEIGHTS STP MSD
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY SILVER HEIGHTS STP MSD
LOCATION LOUISVILLE KY 40229
ATTN: DENNIS THOMASSEN, SR METRO OPS

KY0028801
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MINOR
(SUBR LV)
F - FINAL
SANITARY WASTEWATER
EFFLUENT
*** NO DISCHARGE () ***

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 05 | 05 | 01 | | 05 | 05 | 31 |

NOTE: Read Instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|---------|-------|--------------------------|----------|---------|--------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| 00300 1 0 0 EFFLUENT GROSS VALUE OXYGEN, DISSOLVED (DO) | ***** | ***** | | | 7.0 | ***** | ***** | (19) | | 01/07 | CR |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 7 | ***** | ***** | | | WEEKLY | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE PH | ***** | ***** | | | 6.9 | ***** | 7.0 | (12) | | 01/07 | CR |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 6.0 | ***** | 9.0 | | | WEEKLY | GRAB |
| 00500 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED | ***** | ***** | (26) | | 20 | 4.0 | 6.0 | (19) | | 01/07 | CP |
| | PERMIT REQUIREMENT | 125 | 250 | | 30DA AVG | 30 | 50 | | | WEEKLY | COMPOS |
| 00610 1 1 0 EFFLUENT GROSS VALUE NITROGEN, AMMONIA (AS N) | ***** | ***** | (26) | | 7.6 | 1.8 | 2.8 | (19) | | 01/07 | CP |
| | PERMIT REQUIREMENT | 16.7 | 33.4 | | 30DA AVG | 4 | 8 | | | WEEKLY | COMPOS |
| 00660 1 0 0 EFFLUENT GROSS VALUE PHOSPHORUS, TOTAL (AS P) | ***** | ***** | | | 0.12 | 0.18 | | (19) | | 01/07 | CP |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT | REPORT | | | | WEEKLY | COMPOS |
| 00050 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT | ***** | ***** | (03) | | 0.544 | 1.517 | | | | 01/07 | CN |
| | PERMIT REQUIREMENT | REPORT | REPORT | | 30DA AVG | INST MAX | | | | CONTINUOUS | CONTINUOUS |
| 00060 1 0 0 EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL | ***** | ***** | | | <0.010 | <0.010 | | (19) | | 01/07 | CR |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 0.011 | 0.017 | | | | WEEKLY | GRAB |

| | | | | | | |
|--|---|--|---------------|------|----|----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schardain Exec. Director | 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 He. J. Schardain | TELEPHONE | DATE | | |
| | | | 502 1546-6000 | 01 | 16 | 23 |

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

USE MU AVG FOR BOD/TSS REMY; REPT IN MINIMUM COLUMN.

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

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME SILVER HEIGHTS STP MSD
 ADDRESS C/O CEDAR CREEK STP
 3405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY SILVER HEIGHTS STP MSD
 LOCATION LOUISVILLE KY 40229
 ATTN: DENNIS THOMASSON, SR METRO OPS

PERMIT NUMBER
KY0028801

DISCHARGE NUMBER
001 2

MINOR
 (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER
 EFFLUENT
 *** NO DISCHARGE [] ***

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 05 | 05 | 01 | | 05 | 05 | 31 |

NOTE: Read instructions before completing this form.

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|---------|-------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 24 | 49 | (13) | | 01/07 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 200 | 400 | */ | | WEEKLY | DRAB |
| BOD, CARBONACEOUS 5 DAY, 20C 30082 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 12.1 | 14.2 | (26) | ***** | 2.5 | 3.0 | (19) | | 01/07 | CP |
| | PERMIT REQUIREMENT | 62.6 | 125 | | ***** | 15 | 30 | | | WEEKLY | COMPOB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | | | | |
|--|---|---|-----------|----------|------|----|-----|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER H.J. Schneider Exec. Director 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 He = D. Ric | TELEPHONE | | DATE | | |
| | | | AREA CODE | NUMBER | YEAR | MO | DAY |
| | | | 502 | 576-6600 | 07 | 06 | 23 |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE MD AVG FOR BOD/TSS REMV: REPT IN MINIMUM COLUMN.



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

| | | | | | |
|---|-------------------------------|---|---|--------------------------------------|-------------------------------|
| KPDES # KY0028801 | Facility ID MSD0258 | Treatment Plant Name SILVER HEIGHTS | Receiving Stream of Treatment Plant MUD CREEK | Region WEST | |
| Facility Type SPL Sewer Treatment Plant | Facility ID MSD0258 | Facility Address 9412 SLAYTON CT | If Pump Station, Name of Pump Station: | Receiving Stream MUD CREEK | Discharge to STREAM |

| <u>Activity Code / Description</u> | <u>WO #</u> | <u>Initiated</u> | <u>Initiated By</u> | <u>Assigned To</u> | <u>Disch Status</u> | <u>Event Date</u> | <u>Problem</u> | <u>Result</u> | <u>Completed</u> |
|------------------------------------|-------------|-------------------|---------------------|--------------------|---------------------------------|-------------------|------------------------------|-------------------------------------|-------------------|
| DISREV: RAIN EVENT DISCHARGE | 777863 | 05/03/08 10:00 AM | MARKS JR | AVERETTE | REPAIRED - ISSUE RESOLVED | 05/03/08 | BYPASS AT TREATMENT PLANT | DISCHARGE TO WATERS OF THE US | 05/03/08 10:15 AM |

Spot Inspections:

| | |
|-------------------|---|
| Discharge Amount: | 11,146 GAL |
| Cause: | LACK OF SYSTEM CAPACITY - HEAVY RAIN |
| Clean Up: | NONE POSSIBLE DUE TO MAGNITUDE OF STORM |
| Control Zone: | NO CONTROL ZONE |
| Impact: | SOLIDS BYPASSED SECONDARY |
| Repair: | TURNED OFF AERATION ON PLANT |

Notifications:

| | |
|-------------------|--|
| 05/08/08 10:45 AM | Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov |
| 06/02/08 12:51 PM | NO ADDITIONAL PUBLIC NOTIFICATION MADE |



MSD

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700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

May 8, 2008

Mr. Charlie Roth, District Supervisor
KY Division of Water
Louisville Regional Office
9116 Leesgate Road
Louisville, KY 40222-5084

Re: Bypass Report for the Silver Heights WTP – KPDES Permit KY0028801

Dear Mr. Roth:

This plant experienced a bypass event starting at 10:15 AM on May 3, 2008 and stopping at 10:15 AM on May 3, 2008. This was reported through our electronic notification system at approximately 1:00 AM on May 9, 2008, referencing Work Order 777863 as a Rain Event Discharge. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

An estimated amount of 11,146 gallons of Secondary biomass wastewater washed into the plant effluent. This was a result excessive precipitation event in the collection system area on May 2, 2008. This bypass did receive full chlorination and dechlorination treatment.

Please advise if you have any questions concerning this information. You can contact me at my office (502) 239-7695 or cell phone (502) 523-9957.

Sincerely,

Kevin D. Ries.
Process Supervisor

cc: D. Guthrie R. Shaw/File B. Bingham Angela Akridge
D. Thomasson M. Jenkins D. Talley



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

Report Date 05/08/2008 02:02 PM

Submitted By

Work Order # 777863

Activity

DISREV

RAIN EVENT DISCHARGE

Plant ID MSD0258
Address 9412 SLAYTON CT
LOUISVILLE KY 40229-0000

Description SILVER HEIGHTS

Qualifier Area PC
Sub-area 24
Map # MA020-C

POND/MILL CREEK AREA TEAM
NEIGHBORHOOD 24

District Location WEST EM
MSD WEST OPERATIONS MAINT. TEAM
EASEMENT IN OPEN AREA

Complex SPL
Plant Type MSD0000
X Coord
Y Coord
Z Coord
Area Size 0.00
Ownership MSD

NO PLANT-GOES TO STREAM/RIVER
Service Status 1 IN SERVICE
Parcel As Built T139A-1
Date Installed 06/24/1963
Budget #
MSD OWNED AND OPERATED

Initiated By 00187
Assigned To 13983

NOBLE MARKS JR
ANDRE AVERETTE

Initiated Date 05/02/2008
Service # Scheduled Due

Authorization Budget # 7446112
Crow
Maint Type
Priority
Problem BYPAS
Project
Source

SMALL TREATMENT PLANTS - OPS

BYPASS AT TREATMENT PLANT

Out of Service
Potential Service Request

| Spot Inspections | | | |
|------------------|---------------|---------------------------|---------------------------|
| Spot Insp | UM | Completed | Description |
| DISAMT | GAL | 05/02/2008 10:15 | DISCHARGE AMOUNT |
| | Value | 11148 | |
| | Insp Comments | | |
| DISCAU | | 05/02/2008 10:15 | CAUSE OF DISCHARGE |
| | Value | SOLIDS BYPASSED SECONDARY | |
| | Insp Comments | | |
| DISCLN | | 05/02/2008 10:15 | CLEANUP ACTIVITY |
| | Value | PIPE SUBMERGED NO CLEANUP | |
| | Insp Comments | | |
| DISCZ | | 05/02/2008 10:15 | CONTROL ZONE SETUP |
| | Value | NO CONTROL ZONE | |
| | Insp Comments | | |
| DISIMP | | 05/02/2008 10:15 | VISUAL IMPACT OBSERVATION |
| | Value | SOLIDS | |
| | Insp Comments | | |

Report Date 05/08/2008 02:02 PM

Submitted By

Work Order # 777863

Activity

DISREV

RAIN EVENT DISCHARGE

| Spot Inspections | | | |
|------------------|-------|------------------------------|------------------------------|
| Spot Insp | UM | Completed | Description |
| DISREP | | 05/02/2008 10:15 | REPAIR/REMEDIAL ACTION TAKEN |
| | Value | TURNED OFF AERATION ON PLANT | |
| Insp Comments | | | |

| Completed Work Orders | | | | | | | |
|-----------------------|----------|-----------------------|------------|---------|-----------|--------|----------|
| Work Order # | Activity | Description | Completed | Comp By | Condition | Result | Quantity |
| 777863 | DISREV | RAIN EVENT DISCHARGE | 05/02/2008 | 13983 | | WJS | 0.00 |
| 701518 | DISDW | DRY WEATHER DISCHARGE | 09/07/2007 | 33363 | | WJS | 0.00 |

| Outstanding Work Orders | | | | | | | |
|--------------------------------------|----------|-------------|----------------|--------------|-----------|-----|--|
| Work Order # | Activity | Description | Initiated Date | Initiated By | Scheduled | Due | |
| There are no outstanding work orders | | | | | | | |