



MSD

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

November 24, 2008

Ms. Carolena Bentley
Kentucky Division of Water
200 Fair Oaks Lane
Frankfort, Kentucky 40601

**Re: MSD Metro Operations
Silver Heights WTP; KPDES No.: KY0028801
Discharge Monitoring Reports – October 2008.**

Dear Ms. Bentley:

Attached is the Discharge Monitoring Reports (DMRs) and the Monthly Operating Report (MOR) for the Silver Heights WTP, KPDES No.: KY0028801 for the month of October 2008. Additionally the discharge spreadsheets and the bypass reports are enclosed.

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 1008.doc

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

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

NAME 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 40227
 ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0028801
 PERMIT NUMBER
 001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD
 YEAR MO DAY
 FROM 08 10 01 TO 08 10 31

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7	*****	*****	(19)		%	GR
00300 1 0 0	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	INST MIN			MG/L			
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	7.0	(12)		%	GR
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	7.0			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	GU			
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	8	13	(26)	*****	5	6	(19)		%	CP
00530 1 0 0	PERMIT REQUIREMENT	125	250		*****	30	60			WEEKLY	COMPOSE
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	0.2	0.4	(26)	*****	0.1	0.2	(19)		%	CP
00610 1 1 0	PERMIT REQUIREMENT	16.7	33.4		*****	4	8			WEEKLY	COMPOSE
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.5	3.2	(19)		%	CP
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT			WEEKLY	COMPOSE
EFFLUENT GROSS VALUE				****		MO AVG	DAILY MX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.208	0.277	(03)	*****	*****	*****			CN	CN
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	****		CONTIN	CONTIN
EFFLUENT GROSS VALUE		30DA AVG	INST MAX	MGD				****		UOUS	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	<0.010	<0.010	(19)		%	GR
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.011	0.019			WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	MG/L			
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 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		
H.J. Schurlein Exec. Director							502 540-6000		08 11 25		
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MO DAY		

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

USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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

NAME 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 THOMASSON, SR METRO OPS

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

KY0026801
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

MINOR
 (SUBR LV)
 F - FINAL

Form Approved.
 OMB No. 2040-0004

JEFFRE

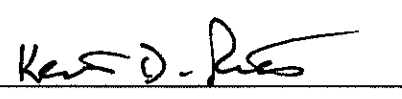
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

SANITARY WASTEWATER
 EFFLUENT

*** NO DISCHARGE ! ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	1	1	(13)		01/07	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
EFFLUENT GROSS VALUE				****		30DA AVG	DAILY MX	100ML			
BOD, CARBONACEOUS 05 DAY, ZOC	SAMPLE MEASUREMENT	5.1	6	(26)	*****	3	4	(19)		01/07	CP
80082 1 0 0	PERMIT REQUIREMENT	62.6	125		*****	15	30			WEEKLY	COMPOS
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX	LBS/DY		30DA AVG	DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 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		
TYPED OR PRINTED			502 540-6000	08	11	25	

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	Oct-08		Tot. Exc.=		0			
Tot. Flow=	6.462		Concentrations				Pounds			
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	Tot. Phos.	
10/1/08	0.206									
10/2/08	0.189	4	2	0.055	1	6.305	3.153	0.087	2.22	
10/3/08	0.184									
10/4/08	0.173									
10/5/08	0.195									
10/6/08	0.208									
10/7/08	0.194									
10/8/08	0.204									
10/9/08	0.251	6	3	0.055	1	12.560	6.280	0.115	2.25	
10/10/08	0.232									
10/11/08	0.215									
10/12/08	0.222									
10/13/08	0.219									
10/14/08	0.23									
10/15/08	0.206									
10/16/08	0.174	4	4	0.17	1	5.805	5.805	0.247	3.2	
10/17/08	0.209									
10/18/08	0.192									
10/19/08	0.19									
10/20/08	0.21									
10/21/08	0.205									
10/22/08	0.204									
10/23/08	0.204	4	3	0.22	1	6.805	5.104	0.374	2.14	
10/24/08	0.208									
10/25/08	0.277									
10/26/08	0.243									
10/27/08	0.237									
10/28/08	0.182									
10/29/08	0.202									
10/30/08	0.195									
10/31/08	0.202									
Average	0.208	4.50	3.00	0.13	1.00	7.87	5.09	0.21	2.45	
Maximum	0.277	6.00	4.00	0.22	1.00	12.56	6.28	0.37	3.20	
Exceed.	0	0	0	0	0	0	0	0		



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Oct 01, 2008 12:00 AM thru Oct 31, 2008 11:59 PM

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

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
Activity Code / Description DISDW: DRY WEATHER DISCHARGE	WO # 831889	Initiated 10/13/08 11:30 AM	Initiated By ELDER	Assigned To FLORENCE
			Disch Status REPAIRED - ISSUE RESOLVED	Event Date 10/20/08
			Problem BYPASS AT TREATMENT PLANT	Result DISCHARGE TO WATERS OF THE US
			Completed 10/13/08 01:50 PM	Condition

Spot Inspections:

Discharge Amount	223,190 GAL
Cause:	MECHANICAL FAILURE OF ROTOMETER ON DE-CHLORINATION
Clean Up:	NO CLEANUP POSSIBLE
Control Zone:	TEMPORARY SIGNS PLACED AROUND AFFECTED AREA.
Impact:	NO IMPACT OBSERVED
Repair:	ROTOMETER REPAIRED, SAP WO# 4013435

Notifications:

10/13/08 12:57 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
11/11/08 03:42 PM	DISPUB	Temporary signs were placed around the affected area to notify public.



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Oct 01, 2008 12:00 AM thru Oct 31, 2008 11:59 PM

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

KPDES # KY0028801 (Cont'd)	Facility ID MSD0258	Treatment Plant Name SILVER HEIGHTS	Receiving Stream of Treatment Plant MUD CREEK	Region WEST						
Activity Code / Description DISDW: DRY WEATHER DISCHARGE	WO # 833368	Initiated 10/20/08 10:00 AM	Initiated By SINGLETON	Assigned To RIES	Disch Status REPAIRED - ISSUE RESOLVED	Event Date 10/20/08	Problem BYPASS AT TREATMENT PLANT	Result DISCHARGE TO WATERS OF THE US	Completed 10/20/08 01:40 PM	Condition

Spot Inspections:

Discharge Amount:	35,169 GAL
Cause:	LOUISVILLE WATER COMPANY SYSTEM DISRUPTED.
Clean Up:	NO DEBRIS
Control Zone:	TEMPORARY SIGNS POSTED AT EFFECTED AREA.
Impact:	NO IMPACT OBSERVED
Repair:	CALLED LOUISVILLE WATER CO. TO REPAIR, ALSO MSD MECHANIC HOOKED UP AN ALTERNATE WATER SUPPLY.

Notifications:

10/20/08 10:00 AM	DISPUB	Temporary sign posted at effected area.
10/20/08 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



MSD

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

October 24, 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 KY00287801

Dear Mr. Roth:

This plant experienced a bypass event and has been reported through our electronic notification system at approximately 01:00 AM on October 21, 2008, referencing Work Order 833368 as a plant bypass. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: The chlorination and dechlorination carrier water supply (Louisville Water Co. supply) had a disruption in the service. 35169 gallons bypassed chlorination and dechlorination treatment. MSD maintenance personnel installed temporary carrier water to stop the bypass.
- Period of noncompliance: Starting 10:00 AM on October 20, 2008 and stopping 01:40 PM on October 20, 2008.
- Steps taken or planned to reduce, eliminate and prevent recurrence: We installed a alternate water supply line.

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-540-6031, my cell phone at (502)-396-7543 or via email at @msdlouky.org.

Sincerely,

Kevin D. Ries
Process Supervisor-Operations

cc: Gary Levy, KDEP
Sean Ireland, EPA

eB File
Paula Purifoy, MSD





MSD

*Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
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October 16, 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 and has been reported through our electronic notification system at approximately 01:00 AM on October 14, 2008, referencing Work Order 831889 as a plant bypass. This letter serves as a written report of the bypass as required by 401 KAR 5:065.

Provided below are the details of the bypass event:

- Description of the noncompliance and its cause: The rotometer on the Sulfur Dioxide (SO₂) dechlorination Sulfinator unit malfunctioned. 22319 gallons of non dechlorinated plant effluent water discharged into the receiving stream of Silver Height's WTP. This water received full treatment with exception of dechlorination. A residual chlorine result of 0.06 ppm was taken downstream of the plant discharge site. No negative signs of impact were noticed in the receiving stream.
- Period of noncompliance: Starting 11:30 AM on October 13, 2008 and stopping 01:50 PM on October 13, 2008.
- Steps taken or planned to reduce, eliminate and prevent recurrence: We installed a new Sulfur Dioxide(SO₂) rotometer assembly.

Please advise if you have any questions concerning this information. You can contact me on my office telephone at (502)-540-6031, my cell phone at (502)-396-7543 or via email at Ries@msdlouky.org.

Sincerely,

Kevin D. Ries
Process Supervisor-Operations

cc: Gary Levy, KDEP
Sean Ireland, EPA

eB File
Paula Purifoy, MSD

