



MSD

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

February 23, 2009

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 – January 2009.**

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 January 2009.

Also included are the January discharge reports.

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

Sincerely,

John Kessel
Process Supervisor West Operations

JMK/Silver Heights 0109

Enclosures

cc: T. Singleton
R. Shaw
C. Roth



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

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

PERMIT NUMBER KY0028801
 DISCHARGE NUMBER 001 2

MINOR (SUBR LV)
 F - FINAL
 SANITARY WASTEWATER EFFLUENT
 *** NO DISCHARGE () ***
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	01	01		07	01	01

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7.0	*****	*****	(14)	0	1/2	GR
PH 00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.7	*****	7.2	(12)	0	1/2	GR
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	7	12	(26)	*****	3	4	(14)	0	1/2	Cap
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	4.8	8.7	(26)	*****	2	3	(14)	0	1/2	Cap
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10	0.10	(14)	0	1/2	Cap
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.281	0.459	(03)	*****	*****	*****	*****	0	1/2	Cap
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	<0.010	<0.010	(14)	0	1/2	GR

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.	TELEPHONE	DATE		
Exec Dir H J Schradler Jr TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	502 546-6000	09	02

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 USE NO 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 DPS

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

Form Approved
 OMB No. 2040-0004

KY0028801
 PERMIT NUMBER

001 2
 DISCHARGE NUMBER

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

JEFFRE

MONITORING PERIOD


FROM YEAR MO DAY TO YEAR MO DAY
 07 01 01 TO 07 02 01

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	*****	*****		*****	1	1	(13)	0	1/7	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		WEEKLY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 3 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7.6	8.8	(26)	*****	3	3	(19)	0	1/7	Comp
	PERMIT REQUIREMENT	62.5	125		*****	15	30			WEEKLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Dir
 H. J. Schenk, Jr.
 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
 AREA CODE NUMBER YEAR MO DAY
 546-6600 09 09 27

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

Silver Heights		Report for	Jan-09			Tot. Exc.=		0	
Tot. Flow=	8.704		Concentrations					Pounds	
Date	Flow	TSS	BOD	NH3	Fecal	TSS	BOD	NH3	
1/1/09	0.305								
1/2/09	0.29								
1/3/09	0.281								
1/4/09	0.302								
1/5/09	0.265								
1/6/09	0.349	3	3	3	1	8.732	8.732	8.732	
1/7/09	0.373								
1/8/09	0.366								
1/9/09	0.323								
1/10/09	0.459								
1/11/09	0.43								
1/12/09	0.374								
1/13/09	0.352	4	3	1.60	1	11.743	8.807	4.697	
1/14/09	0.328								
1/15/09	0.432								
1/16/09	0.283								
1/17/09	0.296								
1/18/09	0.288								
1/19/09	0.273								
1/20/09	0.254	2	3	2.4	1	4.237	6.355	5.084	
1/21/09	0.235								
1/22/09	0.226								
1/23/09	0.236								
1/24/09	0.226								
1/25/09	0.232								
1/26/09	0.226								
1/27/09	0.258	2	3	0.34	1	4.303	6.455	0.732	
1/28/09	0								
1/29/09	0								
1/30/09	0								
1/31/09	0.442								
Average	0.281	2.75	3.00	1.84	1.00	7.25	7.59	4.81	
Maximum	0.459	4.00	3.00	3.00	1.00	11.74	8.81	8.73	
Exceed.	0	0	0	0	0	0	0	0	
Day Viol.									
Mo. Viol									
Minimum	0 MIN	MAX							
DO (min)									
pH									
TRC									

This plant has a summer ammonia limit of 4/8 mg/L and 16.7/33.4 pounds
This plant has a winter ammonia limit of 10/20 mg/L and 41.7/83.4pounds
Winter limits are from November - April, Summer is from May - October

SILVER HGTS SEW CONST DIST MSD
 C/O ERIC G. BRADY
 4522 ALGONQUIN PKY
 LOUISVILLE KY 40211-2407
 SILVER HGTS SEW CONST DIST MSD
 LOUISVILLE KY 40229
 ATTN: H. J. SCHARDI

KY002880 001 2

Tot. Phos.

	Quantity or Loading			Quality or Cc		
	Average	Maximum	Units	Minimum	Average	
0.112	OXYGEN, DISSOLVEI (DO)	*****	*****	***	0.0	*****
	00300 1 0 0	*****	*****	***	7	*****
	EFFLUENT GROSS VALUE				INST MIN	
	pH	*****	*****	***	0	*****
	00400 1 0 0	*****	*****	***	6.0	*****
0.12	EFFLUENT GROSS VALUE				MINIMUM	
	SOLIDS, TOTAL			(26)	*****	
	SUSPENDED					
	00530 1 0 0	125	250	LBS/DY	*****	30
	EFFLUENT GROSS V30DA AVG DAILY MX					30DA AVG
	NITROGEN, AMMONIA			(26)	*****	
	TOTAL (AS N)					
0.079	00610 1 1 0	41.7	83.4	LBS/DY	*****	10
	EFFLUENT GROSS V30DA AVG DAILY MX					30DA AVG
	FLOW, IN CONDUIT OR			(03)	*****	*****
	THRU TREATMENT PLANT					
	50050 1 0 0	REPORT	REPORT	MGD	*****	*****
	EFFLUENT GROSS V30DA AVG INST MAX					
	CHLORINE, TOTAL	*****	*****	***	*****	0
	RESIDUAL					
0.06	50060 1 0 0	*****	*****	***	*****	0.010
	EFFLUENT GROSS VALUE					30DA AVG
	COLIFORM, FECAL	*****	*****	***	*****	
	GENERAL					
0.09	74055 1 0 0	*****	*****	***	*****	200
0.12	EFFLUENT GROSS VALUE					30DA GEO
	BOD, CARBONACEOUS			(26)	*****	
	05 DAY, 20C					
	80082 1 0 0	62.6	125	LBS/DY	*****	15
	EFFLUENT GROSS V30DA AVG DAILY MX					30DA AVG



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 SMH Sewer Manhole	Facility ID 61683	Facility Address 9412 SLAYTON CT	If Pump Station, Name of Pump Station:		Receiving Stream MUD CREEK	Discharge to DITCH				
Activity Code / Description DISREV: RAIN EVENT DISCHARGE	WO # 868293	Initiated 01/29/09 08:30 PM	Initiated By ELDER	Assigned To PATTERSON	Disch Status DOCUMENTED	Event Date 04/04/08	Problem POWER OUTAGE (LG&E)	Result UNAUTHORIZED DISCHARGE - WATERS	Completed 01/31/09 07:30 PM	Condition

Spot Inspections:

Discharge Amount: 13,800 GAL
Cause: LOSS OF LG&E POWER DUE TO ICE STORM
Clean Up: MSD RAKED, SANITIZED & HAULED DEBRIS AWAY. COULD NOT SPREAD LIME DUE TO HORSES IN THE AREA AT THE P/O REQUEST. SAP CLEANUP #5204485
Control Zone: TEMPORARY SIGNS PLACED AROUND THE AREA.
Impact: CLEAR EFFLUENT, NO DEBRIS
Repair: BEGAN HAULING TO PREVENT ADDITIONAL OVERFLOW, FOLLOWED BY PLACING A GENERATOR ON SITE TO OPERATE PLANT.

Notifications:

01/29/09 01:00 PM DISNOT Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
01/29/09 08:30 PM DISPUB MSD personnel spoke with p/o & placed temporary signs around the area