



**MSD**

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

March 20, 2007

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

RE: Hite Creek Wastewater Treatment Plant, KPDES No: KY0022420  
Discharge Monitoring Report  
February 2007

Dear Ms. Thurman:

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operating Report (MOR) report for the Hite Creek Wastewater Treatment Plant, for the month of February 2007.

If you have any questions concerning the attached DMR's, please contact me at (502)241-9093.

Sincerely,

John Kessel  
Process Supervisor, East Region

JMK/ Hite Creek. 0207

Enclosures

cc: M. Mudd (DOW Louisville)  
E. Brady  
T. Singleton  
P. Burgin  
R. Shaw



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

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

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

MAJOR  
(SUBR LV)  
F - FINAL

NAME 400 HITE CREEK STP  
ADDRESS 070 LOUISVILLE/JEFF CO MSD  
4522 ALONGUIN PKWY  
LOUISVILLE KY 40211-2497  
FACILITY MSD HITE CREEK STP  
LOCATION LOUISVILLE KY 40201  
ATTN: ALEX E NOVAK, OPER MGR

KY0022420  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	20

MUNICIPAL WASTEWATER  
EFFLUENT

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

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
DISSOLVED OXYGEN (DO)	SAMPLE MEASUREMENT	*****	*****		7.8	*****	*****	( 17)	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	MG/L		FREE/GRAB	WEEK
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.6	( 12)	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	SU		FREE/GRAB	WEEK
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	6470	6925	( 25)	*****	191.92	232.0	( 17)	0	3/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		FREE/COMPOS	WEEK
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	218	342	( 25)	*****	6.61	7.67	( 17)	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1100	1850	LBS/DY	*****	MO AVG	MX WK AV	MG/L		FREE/COMPOS	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	581	647	( 25)	*****	17.65	21.93	( 17)	0	3/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		FREE/COMPOS	WEEK
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	3	4	( 25)	*****	0.07	0.10	( 17)	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	367	550	LBS/DY	*****	MO AVG	MX WK AV	MG/L		FREE/COMPOS	WEEK
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	4.311	8.0	( 03)	*****	*****	*****		0	4/10	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	*****	*****	****		CONTINUOUS	DOUS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
115. 51. 5. 5  
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

TELEPHONE  
508 241 9013  
DATE  
67 03 26  
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
NO SE NO AVG FOR 300/TSS REMV; REPT IN MINIMUM COLUMN.

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

MAJOR  
(SUBR LV)  
F - FINAL  
MUNICIPAL WASTEWATER  
EFFLUENT  
\*\*\* NO DISCHARGE I [ ] \*\*\*

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

NAME NSD HITE CREEK SIF  
ADDRESS C/O LOUISVILLE/JEFF CO NSD  
4522 ALONGUIN HWY  
LOUISVILLE KY 40211-2497  
FACILITY NSD HITE CREEK SIF  
LOCATION LOUISVILLE KY 40201  
ATTN: ALEX E NOVAK, OPER MGR

KY0023420		001 2				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	06	01		07	06	20

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			
GENERAL EFFLUENT GROSS VALUE	11	16							0	1/7	6.0
5 DAY, 20C BOD5 CARBONACEOUS	174	173	LBS/DY		184.75	229.0	MG/L		0	1/7	6.0
RAW SEW/INFLUENT	REPORT	REPORT	LBS/DY		REPORT	REPORT	MG/L				
5 DAY, 20C BOD5 CARBONACEOUS	118	131	LBS/DY		3.42	4.0	MG/L		0	1/7	6.0
EFFLUENT GROSS VALUE	367	550	LBS/DY		10	15	MG/L				
5 DAY, 20C BOD5 CARBONACEOUS	98.1%								0	1/28	6.1
PERCENT REMOVAL					MO AVG		PERCENT				
SOLIDS, SUSPENDED	96.6%								0	1/28	6.1
PERCENT REMOVAL					MO MIN		PERCENT				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Alex E. Novak, Jr. Area 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.	TELEPHONE 302 241 9098	DATE			
			AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

NAME OF TREATMENT PLANT Hite Creek

COUNTY Jefferson

Month of: Feb-2007

Avg. Flow: 4.31

Date	Rainfall	Sludge Disposal in Gallons	Remarks
1		0	p.m. w.o. 5158975
2		31500	
3		0	
4		0	increase sodium rate to 288 gals per day
5		31500	FORD HALL INSTALLED NEW BRUSHES ON CLARIFER
6		0	
7		44100	
8		0	
9		25200	
10		0	
11		0	
12	0.87	18900	
13	0.73	31500	heavy scum on sec clarifer's high flow rate from rain.
14		44100	
15		63000	mangum cleaning sec clarifer off
16		69300	
17	0.07	44100	clean inf channels on gravity filters
18		6300	
19		56700	
20	0.05	31500	p.m. gravity filters
21		56700	
22		56700	clean check balls on defoamer pump
23		75600	
24	1	12600	elect. Repair scum pump station controls
25	0.05	0	
26		75600	KEMIRON DELIVER SODIUM ALUMINATE
27		63000	
28		69300	api clean scum station wetwell
29		0	
30		0	
31		0	