MSD

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

August 23, 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 for July 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 July 2007.

As per KPDES KY002240 effective July 1,2007 part I , page I-3 measurement frequency for mercury is 1/qtr , not 1/ month.

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. 0707

Enclosures

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD MITE CREEK STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2477
FACILITY MSD MITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: ALEX E NOVAK, OPER MGR

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

KY0022420 — PERMIT NUMBER
001 E — DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 07 MO 07 DAY 01 TO YEAR 07 MO 07 DAY 31

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

JEFFE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.0	******	******	(19)	0	3/7	Grab
	PERMIT REQUIREMENT	******	******	****	INST MIN	******	******	MG/L		ONCE/ WEEK	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		7.2	******	8.0	(12)	0	3/7	Grab
	PERMIT REQUIREMENT	******	******	****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		ONCE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED 00530 6 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	6788	8498	(26)	******	247.58	292.0	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		ONCE/ WEEK	COMPOSITE
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	66	79	(26)	******	9.42	2.67	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	1501 MO AVG	2252 MX WK AV	LBS/DY	******	30 MO AVG	45 MX WK AV	MG/L		ONCE/ WEEK	COMPOSITE
NITROGEN, AMMONIA TOTAL (AS N) 00610 2 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	538	661	(26)	******	19.79	20.83	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		ONCE/ WEEK	COMPOSITE
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7	10	(26)	******	0.26	0.34	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	100 MO AVG	150 MX WK AV	LBS/DY	******	2 MO AVG	3 MX WK AV	MG/L		ONCE/ WEEK	COMPOSITE
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	1.10	3.98	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	******	******	****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		ONCE/ WEEK	COMPOSITE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
H.T. 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

TELEPHONE AREA CODE 502 NUMBER 241-9093

DATE YEAR 07 MO 08 DAY 27

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD MITE CREEK STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2477
FACILITY MSD MITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: ALEX E NOVAK, OPER MGR

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

KY0022420	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO.	DAY		YEAR	MO.	DAY
FROM	07	07	01	TO	07	07	31

MAJOR
(SUBR LV)
F - FINAL
MUNICIPAL 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	3.408	5.140	(03)	******	******	******		0	6/M	24 HR ESTIMATE
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	*** ****		CONTINUOUS	
COLIFORM, FECAL GENERAL 74055 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	6	19	(13)	0	1/7	GRAB
	PERMIT REQUIREMENT	******	****** ****	****	******	200 30DA GEO	400 #/ 7 DA GEO	100ML		WEEK	
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	4840	5713	(26)	******	177.75	199.67	(17)	0	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	56	58	(26)	******	2.08	2.33	(17)	0	3/7	Comp
	PERMIT REQUIREMENT	500 MO AVG	751 MX WK AV	LBS/DY	******	10 MO AVG	15 MX WK AV	MG/L		WEEK	
BOD, CARB-5 DAY, 20 DEG C PERCENT REMVL 80091 1 C 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		98.8%	******	******	(23)	0	1/31	Calc
	PERMIT REQUIREMENT	******	****** ****	****	85 MO AVG	******	******	PER-CENT		MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		99.0%	******	******	(23)	0	1/31	Calc
	PERMIT REQUIREMENT	******	****** ****	****	85 MO MIN	******	******	PER-CENT		MONTH	
	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

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY
502	261-9693	07	09	27

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

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD WHITE CREEK STP
ADDRESS (C/O LOUISVILLE/JEFF CO MSD
4522 ALGONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD WHITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: A.V.P. NOVAK, OPER MGR

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

KY0022420	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	07	01	01	TO	07	07	31

MAJOR
(SUBR LV)
F - FINAL
REASONABLE POTENTIAL
EFFLUENT
*** NO DISCHARGE [ ] ***

JEFFS

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			
CYANIDE, FREE (WHEN TO CHLORINATION) 00720 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.005	0.005	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		SINCE/ MONTH	
HARDNESS, TOTAL (AS CACO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	177	177	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		SINCE/ MONTH	
CHROMIUM, HEXAVALENT (AS CR) 01032 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	0.01	0.01	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		SINCE/ MONTH	
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	[illegible]	[illegible]	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		SINCE/ MONTH	
MERCURY TOTAL RECOVERABLE 71901 1 C 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	*	*	(19)		[illegible]	[illegible]
	PERMIT REQUIREMENT	******	******	**** ****	******	REPORT MO AVG	REPORT DAILY MX	MG/L		SINCE/ MONTH	
	SAMPLE MEASUREMENT									(9/12.	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
H.J. Schaefer 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.		502 241-9893	07	08	07
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
Per KPDES permit KY0022420 Effective July 1, 2007 part I, page I-3 measurement Frequency for Mercury is 1/QTR, Not 1/month.

NAME OF TREATMENT PLANT HITE CREEK WTP COUNTY JEFFERSON 4840 MONTH OF: July 2007

KPDES PERMIT NUMBER KY0022420 PLANT CAPACITY 4.4 MGD RECEIVING STREAM HITE CREEK

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH		SETTLEABLE SOLIDS (mg/L)			DISSOLVED OXYGEN (mg/L)			SUSPENDED SOLIDS (mg/L)			5 DAY CBOD (mg/L)			ACTIVATED SLUDGE			AERATION BASIN				SLUDGE HANDLING						FINAL							
		GRIT REMOVED (CUBIC FEET)	SCREENINGS (CUBIC FEET)	RAW	FINAL	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	STREAM ABOVE	FINAL EFFLUENT	STREAM BELOW	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	RAW	PRIMARY EFFLUENT	FINAL EFFLUENT	RETURN		WASTED	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) x 1000	MLVSS (mg/L) X 1000	SETTLED SLUDGE VOLUME		RAW			HAULED									
																		GAL/DAY X 1000	MLSS x1000	MLVSS X 1000				30 MIN.	60 MIN.	GALLONS X 1000	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	WITHDRAWN GALLONS X 1000	NH3-N (mg/L)	FECAL COLIFORM (COLONIES/100ML)	Phosphorus mg/L	Cadmium, Total Recoverable	Hardness as CaCO3	Chromium, Hexavalent	Cyanide, Free (Amenable)	Mercury, Total Recoverable
1	3.06	36	36	7.4	7.8	13.0		0.0		7.1		241		3	224		2	2170	4.84	65.7	6.7	3.775		200							214.2	0.1	3						
2	2.8			7.5	7.7	12.0		0.0		7.4		214		2	187		2	2100	8.41	82.1	4.6	3.21		190							94.5	0.1	20						
3	3.69			7.5		9.0		0.0										2020	6.28		5.1	3.22		190							90								
4	4.5			7.1		14.0		0.0				262		2	188		2	2180	6.09		5.8	2.875		150							47	0.1	3						
5	5.14	36	36	7.7	7.2	13.0		0.0		7.0								1.88	16.44	52.6	5.3	3.995		210							36								
6	3.49			7.5		13.0		0.0										1.73	12.23	65.7	4.8	3.6		230							44.1								
7	3.45			7.6		14.0		0.0										2.51	7.29	82.1	5.4	4.04		290							6								
8	2.95			7.6		14.0		0.0				238		2	153		2	1640	7.51	59.2	5.8	4.115		200							12	0.28	3						
9	2.98	36	36	7.3	7.6	17.0		0.0		7.6		236		2	277		2	1970	8.58	59.2	5.5	3.555		200							69.3	0.1	3						
10	2.91			7.4	7.7	16.0		0.0		7.4		257		3	137		3	1860	8.42	85.4	4.9	4.035		200							170.1	0.45	3						
11	3.66			7.9	7.7	16.0		0.0		7.8								2020	11.78	92	3.1	4.125	2.845	230					0.86	59	126								
12	2.8			7.9		18.0		0.0										1830	15.71	98.6	6.3	3.72		200							94.5								
13	3.06	36	36	7.3		15.0		0.0										1870	9.2	92	6.1	3.43		200							56.7								
14	2.94			7.7		15.0		0.0										1710	6.55	65.7	6.9	3.835		230							56.7								
15	3.06			7.5		16.0		0.0				278		2	178		2	1710	5.47	65.7	6.6	3.65		240							6.3	0.39	3						
16	3.81			7.4	7.4	18.0		0.0		7.2		254		3	170		2	920	8.94	78.8	4.3	3.555		250							107.1	0.34	3						
17	3.6	36	36	7.4	8.0	15.0		0.0		7.2		344		3	199		2	658	15.02	65.7	5.8	3.025	2.18	200					0.65	59	189	0.28	3			177	0.01	0.005	
18	3.14			7.3	8.0	16.0		0.0		7.8								819	13.96	85.4	5.6	3.22		200							132.3								
19	3.8			7.4		15.0		0.0										864	13.04	92	5	3.05		200							94.5								
20	3.66	36	36	8.0		13.0		0.0										912	10.86	85.4	4.4	2.75		200							182.7								
21	3.28			7.4		13.0		0.0										886	8.88	65.7	5.5	2.55		180							220.5								
22	3.14			7.1		14.0		0.0				212		2	119		2	963	6.39	65.7	3.9	3		170							176.4	0.1	33						
23	3.15			7.7	7.5	13.0		0.0		7.7		222		3	155		2	950	8.16		4.5	2.18		160							151.2	0.56	73						
24	3.17	36	36	8.4	7.7	15.0		0.0		8.0		215		2	146		2	885	10.76	72.3	3.4	3.055	2.265	150					0.97	65	6.3	0.34	3						
25	3.18			7.6	7.7	13.0		0.0		7.4								918	5.72	65.7	3.5	2.655		150							63								
26	3.2			8.2		13.0		0.0										940	8.01	65.7	2.9	2.905		150							37.8								
27	3.86	36	36	7.6		6.0		0.0										874	12.22	65.7	2.9	2.53		150							113.4								
28	3.89			7.4		9.0												830	10.02	65.7	3.9	2.59		180							69.3								
29	3.53			7.5		14.0		0.0										896	8.02	65.7	3.6	2.615		140							63								
30	3.31	36	36	7.8		15.0		0.0										867	6.68	65.7	3.3	2.62		150							63								
31	3.23			7.5		15.0		0.0										913	7.12	59.2	1.7	2.495	1.835	150					0.83	69	63								
Tot.	105.6	324	324															37181													2856								
Avg.	3.408	36	36	7.6	7.7	13.9				7.5		248		2	178		2	1199	9.31	72.51	4.745	3.225	2.281	191.6					0.828	63	92.13	0.26	8			177	0.01	0.01	

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

32455	29716	33507	EARL DUNN	7626
FLOW	CBOD	TSS	OPERATOR	CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

502-241-9310

PLANT TELEPHONE

<.0002

8-27-07