



MSD

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

October 25, 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 September 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 September 2007.

Also attached is the 3rd quarter Biomonitoring results.

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.0907

Enclosures

cc: C. Roth(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)

NAME MSD HITE CREEK STP
ADDRESS C/O LOUISVILLE/JEFF CO MSD
4522 ALCONQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD HITE 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

0012
DISCHARGE NUMBER

MAJOR (SUBS LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT

JEFFE

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

*** 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			
OXYGEN, DISSOLVED (DD)	SAMPLE MEASUREMENT	*****	*****		7.2	*****	*****	(17)	0	3/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	INST MIN	*****	*****	MG/L		WEEK	
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.1	*****	8.2	(12)	0	3/7	Grab
00500 9 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	6073	6890	(LB)	*****	231.92	252.00	(17)	0	3/7	Comp
00500 9 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	161	264	(LB)	*****	6.08	9.67	(17)	0	3/7	Comp
00500 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1501 MO AVG	2252 MX WK AV	LBS/DY	*****	30 MO AVG	45 MX WK AV	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	593	626	(LB)	*****	22.68	23.60	(17)	0	3/7	Comp
00610 6 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	9	14	(LB)	*****	0.36	0.50	(17)	0	3/7	Comp
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	100 MO AVG	150 MX WK AV	LBS/DY	*****	MO AVG	MX WK AV	MG/L		WEEK	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	2.30	4.5	(17)	0	1/7	Comp
00665 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.J. Schauder 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		
			502 AREA CODE	241-9093 NUMBER	07 YEAR	10 MO

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 HSD HITE CREEK STP
ADDRESS C/3 LOUISVILLE/JEFF CO MSD
#522 ALDOUNQUIN PKWY
LOUISVILLE KY 40211-2497
FACILITY MSD HITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: ALEX E NOVAK, OPER MGR

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

RY0022420
PERMIT NUMBER

001
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY

FROM

TO


*** NO DISCHARGE I ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	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 0 0 EFFLUENT GROSS VALUE		3.258	4.830	MGD					0	C/N	C/N
		REPORT	REPORT					***		CONTINENTIN	
		MD AVG	DAILY MX	MGD				***		MOUS	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE						28	191		0	3/7	Grab
						200	400			THREE/GRAB	
						300A GED	7 DA GED	100ML		WEEK	
BOD, CARBONACEOUS 5 DAY, 20C 80062 1 0 0 RAW SEW/INFLUENT		4810	5739	LBS/DY		184.00	219.33	MG/L	0	3/7	Comp
		REPORT	REPORT			REPORT	REPORT			THREE/COMPOD	
		MD AVG	MX WK AV	LBS/DY		MD AVG	MX WK AV	MG/L		WEEK	
BOD, CARBONACEOUS 5 DAY, 20C 80062 1 0 0 EFFLUENT GROSS VALUE		56	67	LBS/DY		2.12	2.46	MG/L	0	3/7	Comp
						10	15			THREE/COMPOD	
						MD AVG	MX WK AV	MG/L		WEEK	
BOD, CARBONACEOUS 5 DAY, 20C DED C, PERCENT REMVL 80091 1 0 0 PERCENT REMOVAL					98.8%			PER-CENT	0	1/30	Cal
										THREE/CALETD	
						MD AVG		PER-CENT		MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 1 0 0 PERCENT REMOVAL					97.3%			PER-CENT	0	1/30	Cal
										THREE/CALETD	
						MD MIN		PER-CENT		MONTH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
H.J. Schwade
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
502 241-7693 07 10 85
AREA CODE NUMBER YEAR MO DAY

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

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

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 4522 ALGONQUIN PKWY
 LOUISVILLE KY 40211-2497
 FACILITY MSD HITE CREEK STP
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 ATTN: ALEX E NOVAK, OPER MGR

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

Form Approved.
 OMB No. 2040-0004

KY0022420
 PERMIT NUMBER

001 Y
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL JEFFE
 METALS/BIDMONITORING/QUARTERLY
 EFFLUENT
 *** NO DISCHARGE ***

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

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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			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0541	0.0541	(19)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.005	<0.005	(19)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.010	0.010	(19)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONCL TOXICITY UNITS 61406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<1.0	(20)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.00 DAILY MX	CHRONIC TOXCTY		QTRLY	COMPOS
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0000106	0.0000106	(19)	0	1/92	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.S. Schneider
 Exec Director
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
08	241-9093	07	10	25
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME MSD HITE CREEK STP
 ADDRESS C/O LOUISVILLE/JEFF CO MSD
 4522 ALBONQUIN PKWY
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

KY0022420
 PERMIT NUMBER

001 R
 DISCHARGE NUMBER

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

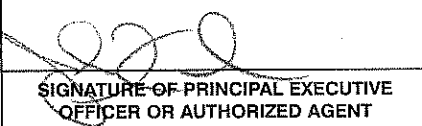
Form Approved.
 OMB No. 2040-0004

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	07	01		07	07	30

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.01	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	200	200	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	.01	.01	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	.0002	.0002	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.J. Schadeiw 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.	TELEPHONE 508 241-9697 AREA CODE NUMBER	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	YEAR 07	MO 16

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

