



MSD

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

November 26, 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 October 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 October 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.1007

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 BTP**
 ADDRESS **C/O LOUISVILLE/JEFF CO MSD**
4592 ALDOUNGWIN PKWY
LOUISVILLE KY 40211-2497
 FACILITY **MSD HITE CREEK BTP**
 LOCATION **LOUISVILLE KY 40201**
ALEX E NIVAK, OPER MGR

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

MAJOR
 (SUBR LV)
 F - FINAL

KY0022420
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	07	10	31

MUNICIPAL WASTEWATER
 EFFLUENT

*** NO DISCHARGE [] ***

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			
DISSOLVED (DO)		*****	*****		7.2	*****	*****	(19)	0	3/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	7 INST MIN	*****	*****	MG/L		THREE/GRAB WEEK	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.8	(12)	0	3/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	50		THREE/GRAB WEEK	
TOTAL SUSPENDED SOLIDS RAW SEW/INFLUENT	SAMPLE MEASUREMENT	6509	7172	(26)	*****	213.08	280.33	(19)	0	3/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LB/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		THREE/COMPOS WEEK	
TOTAL SUSPENDED SOLIDS EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	287	778	(26)	*****	5.92	9.67	(19)	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1501 MD AVG	2252 MX WK AV	LB/DY	*****	30 MD AVG	45 MX WK AV	MG/L		THREE/COMPOS WEEK	
TOTAL AMMONIA (AS N) RAW SEW/INFLUENT	SAMPLE MEASUREMENT	538	627	(26)	*****	18.16	23.40	(19)	0	3/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LB/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		THREE/COMPOS WEEK	
TOTAL AMMONIA (AS N) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	10	20	(26)	*****	0.25	0.33	(19)	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	100 MD AVG	150 MX WK AV	LB/DY	*****	2 MD AVG	3 MX WK AV	MG/L		THREE/COMPOS WEEK	
TOTAL PHOSPHORUS (AS P) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.25	0.40	(19)	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY/COMPOS WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
H. J. Schneider
 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]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 500 | 241-9093
 DATE: 07 | 11 | 26
 AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME USG HIGH CREEK STP
 ADDRESS C/O LOUISVILLE/JEFF CO NSD
 4502 ALMONQUIN Pkwy
 LOUISVILLE KY 40211-2497
 FACILITY NSD HIGH 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 2 DISCHARGE NUMBER

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


MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	10	01	07	10	31

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			
FLOW IN CONDUIT OR THRU TREATMENT PLANT	4.060	14.020	(03)	*****	*****	*****		0	1/2	C/W	
EFFLUENT GROSS VALUE	REPORT	REPORT	MGD	*****	*****	*****	***		CONTINUOUS	CONTIN	
GENERAL	*****	*****		*****	4	7	(13)	0	3/3	Grab	
EFFLUENT GROSS VALUE	*****	*****	***	*****	200	400	*/		THREE/BRAD	WEEK	
PERMIT REQUIREMENT	REPORT	REPORT	MGD	*****	3000 GPD	7 DA GPD	100ML		WEEK		
BOD5 CARBONACEOUS	4902	5508	(26)	*****	159.42	202.0	(19)	0	3/3	Comp	
EFFLUENT GROSS VALUE	REPORT	REPORT	LB5/DY	*****	REPORT	REPORT	MG/L		THREE/COMPOS	WEEK	
PERMIT REQUIREMENT	MG AVG	MX WK AV		*****	MG AVG	MX WK AV			WEEK		
BOD5 CARBONACEOUS	110	284	(26)	*****	2.42	3.67	(19)	0	3/3	Comp	
EFFLUENT GROSS VALUE	500	751	***	*****	10	15	PER-		THREE/COMPOS	WEEK	
PERMIT REQUIREMENT	MG AVG	MX WK AV	LB5/DY	*****	MG AVG	MX WK AV	MG/L		WEEK		
BOD5 CARB-5 DAY; 20 DEG C, PERCENT REMVL	*****	*****	***	97.8%	*****	*****	(23)	0	2/31	Cal.	
EFFLUENT GROSS VALUE	*****	*****	***	85	*****	*****	PER-		ONCE/CALCUL	MONTH	
PERMIT REQUIREMENT	*****	*****	***	MG AVG	*****	*****	CENT		MONTH		
BOD5 CARB-5 DAY; 20 DEG C, PERCENT REMOVAL	*****	*****	***	95.6%	*****	*****	(23)	0	1/31	Cal	
EFFLUENT GROSS VALUE	*****	*****	***	85	*****	*****	PER-		ONCE/CALCUL	MONTH	
PERMIT REQUIREMENT	*****	*****	***	MG MIN	*****	*****	CENT		MONTH		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 H.J. Schadelew
 Exec Director
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 241-9073
 DATE 07 11 26
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 85 MG AVG FOR BOD5/TSS REMV; REPT IN MINIMUM COLUMN.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME MSD HITE CREEK STP
 ADDRESS C/O LOUISVILLE/ JEFF CO MSD
 1555 ALGONQUIN PKWY
 LOUISVILLE KY 40211-2497
 FACILITY MSD HITE CREEK STP
 LOCATION LOUISVILLE KY 40201
 TEL: 4 EX E NSVAK OPER MGR

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

HY0022420 PERMIT NUMBER
 001 R DISCHARGE NUMBER

MAJOR (SUFR LV)
 F - FINAL JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		07	10	31


REASONABLE POTENTIAL EFFLUENT
 *** NO DISCHARGE [] ***

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			
AMINE FREE (AMEN. TO CHLORINATION) (0.02) (0.0) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	.01	.01	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
HARDNESS, TOTAL (AS CaCO3) (0.00) (0.0) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	200	200	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
CHROMIUM, HEXAVALENT (AS CR) (0.02) (0.0) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	.01	.01	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE / MONTH	COMPOS
ADAMANTINE TOTAL RECOVERABLE (0.00) (0.0) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0002	0.0002	(19)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD 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. Schadein
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 502 241 9693
 DATE 07 11 26
 AREA CODE NUMBER YEAR MO DAY

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

NAME OF TREATMENT PLANT HITE CREEK WTP
 KPDES PERMIT NUMBER KY0022420

COUNTY JEFFERSON
 PLANT CAPACITY 4.4 MGD

MONTH OF: October 2007
 RECEIVING STREAM HITE CREEK

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH		SETTLABLE 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	MLVSS (mg/L)	AERATION BASIN		MLVSS (mg/L)	SETTLED SLUDGE VOLUME	RAW		HAULED		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
																		GAL/DAY X 1000	MLSS X 1000			% VOLATILE SOLIDS	% DRY SOLIDS			% VOLATILE SOLIDS	METHOD	GALLONS X 1000	% DRY SOLIDS								
1	3.61			7.7		15.0		0.0			208		5	214		2	1.3	11.66	59.2	4.7	3.615		120					50.4	0.1	3		0.2	200	0.01	0.005		
2	3.52	36	36	7.4	7.7	12.0		0.0	7.8		176		4	148		2	1.39	9.18	65.7	3.9	3.525	2.245	120				0.7	59	163.8	0.28	3						
3	3.04			7.3	7.6	15.0		0.0	8.0		219		4	202		2	1.23	14.46	52.6	5.2	3.535		100					94.5	0.1	3							
4	3.15			7.2	7.8	17.0		0.0	7.5								1.31	7.36	65.7	4.2	4.03		120				83										
5	3.17	36	36	7.5		15.0		0.0									1.25	11.23	65.7	4.3	3.835		150				69.3										
6	3.16			7.3		15.0		0.0									1.31	3.57	39.4	5.3	1.735		100														
7	2.93			7.2		17.0		0.0									1.3	7.38	39.4	4.2	4.18		150														
8	2.6			7.3		19.0		0.0			247		6	171		2	1.26	8.75	72.3	4.3	4.42		150				126	0.45	3								
9	2.7	36	36	7.9	7.9	20.0		0.0	7.9		284		5	160		2	1.3	7.9	72.3	4	4.205		150				75.6	0.1	38								
10	2.57			7.2	7.9	20.0		0.0	8.2		310		4	194		2	1.3	10.06	62.5	4.9	4.09	2.63	150			0.92	60	56.7	0.34	3							
11	2.44			7.2	7.8	18.0		0.0	7.5								1.3	6.84	65.7	4.9	3.92		150				88.2										
12	2.37	36	36	7.3		18.0		0.0									1.21	8.86	65.7	5.6	3.9		150				44.1										
13	2.63			7.4		13.0		0.0									1.37	4.65	46	5.3	4.69		170				37.8										
14	2.9			7.2		25.0		0.0									1.44	4.76	46	4.9	4.96		180				56.7			0.2		0.01					
15	2.46			7.1		20.0		0.0			328		4	305		2	1.25	10.57	65.7	4.5	3.82		150				113.4	0.56	3								
16	2.99	36	36	7.6	7.6	19.0		0.0	7.6		304		3	197		2	1.3	8.83	65.7	4.5	3.89		150				69.3	0.34	26								
17	3.15			7.2	7.5	10.0		0.0	7.4								1.29	14.8	82.1	4.6	3.655	2.42	150			0.94	62	37.8		3							
18	4.32			7.1	7.5	10.0		0.0	7.2		200		7	104		2	1.46	11.32		3.2	3.76		130				50.4	0.1									
19	4.07	36	36	7.3		6.5		0.0									1.36	13.78	55.9	3.3	4.035		150				75.6										
20	3.39			7.1		20.0		0.0									1.24	4.92	39.4	3.3	3.08		150														
21	3.94			7.2		14.0		0.0									1.56	7.52	39.4	4.1	3.85		160				18.9										
22	6.52			7.1	7.6	12.0		0.0	7.4		160		13	112		5	1.3	5.53	39.4	3.6	3.611		150				75.6	0.1	3								
23	14.02	36	36	6.9	7.5	6.0		0.0	8.0		81		10	58		3	1.8	27.42	65.7	4.1	3.495		140				75.6	0.39	3								
24	9.12			7.0	7.7	6.0		0.0	8.2		40		6	48		3	2.62	21.66	78.8	4.9	2.31	1.62	100			1.12	63	56.7	0.1	3							
25	6.21			7.2	7.8	12.0		0.0	8.6								2.57	10.19	82.1	5.6	3.055		150				113.4		3								
26	5.23	36	36	7.2		8.0		0.0									2.57	8.43	65.7	5.6	3.47		160				69.3										
27	4.31			7.1		10.0		0.0									2.11	8.93	39.4	5.6	3.615		130														
28	3.99			7.0		5.0		0.0									2.2	9.82	39.4	6	3.725		140				25.2										
29	3.78			7.0		14.0		0.0									2.23	9.08	65.7	5.5	4		170				81.9										
30	3.82	36	36	7.9		15.0		0.0									2.21	8.9	82.1	5.7	4.375		180				113.4										
31	3.76			7.2		15.0		0.0									2.21	11.47	101.9	5.2	4.1		180				69.3										
Tot.	125.9	324	324														49.55										1972										
Avg.	4.06	36	36	7.3	7.7	14.2			7.8		213		6	159		2	1.598	9.93	60.89	4.677	3.758	2.229	145.2			0.92	61	73.03	0.25	4		0.20	####	0.01	0.01		

RESIDENTIAL
COMMERCIAL
INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT
38570 FLOW 31755 CBOD 34360 TSS

OPERATOR

CERT. NO.

TOTAL NUMBER OF SEWER CONNECTIONS 0
 SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

EARL DUNN

7826

PLANT TELEPHONE

502-241-9310