



MSD

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

January 24, 2008

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 December 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 December 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.1207

Enclosures

cc: C. Roth(DOW Louisville)
E. Brady
T. Singleton
P. Burgin
R. Shaw



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

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

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

MAJOR
(SUMR LV)
F - FINAL

NAME: 1000 W. BIRCH CREEK SW
ADDRESS: 1000 W. BIRCH CREEK SW
LOUISVILLE, KY 40211-2497

670022420
PERMIT NUMBER

0012
DISCHARGE NUMBER

FACILITY: 1000 W. BIRCH CREEK SW
LOCATION: LOUISVILLE, KY 40201

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	31		07	12	31

MUNICIPAL WASTEWATER
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			
EFFLUENT GROSS VALUE		*****	*****		8.7	*****	***** (19)		0	3/7	Grab
PERMIT REQUIREMENT		*****	*****	****	INST MIN	*****	*****	MG/L		WEEK	
EFFLUENT GROSS VALUE		*****	*****		7.5	*****	7.7 (12)		0	3/7	Grab
PERMIT REQUIREMENT		*****	*****	****	MINIMUM	*****	MAXIMUM	MG/L		WEEK	
SUSPENDED SOLIDS		7731	11226	(26)	*****	168.17	194.00 (19)		0	3/7	Comp
PERMIT REQUIREMENT		REPORT MO AVG	REPORT MX WK AV	US/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	
SUSPENDED SOLIDS		279	429	(26)	*****	5.50	7.67 (19)		0	3/7	Comp
PERMIT REQUIREMENT		1501 MO AVG	2252 MX WK AV	US/DY	*****	30 MO AVG	45 MX WK AV	MG/L		WEEK	
TOTAL (AS N)		517	524	(26)	*****	11.75	16.40 (19)		0	3/7	Comp
PERMIT REQUIREMENT		REPORT MO AVG	REPORT MX WK AV	US/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	
TOTAL (AS N)		9	17	(26)	*****	0.18	0.28 (19)		0	3/7	Comp
PERMIT REQUIREMENT		250 MO AVG	375 MX WK AV	US/DY	*****	5 MO AVG	7.5 MX WK AV	MG/L		WEEK	
EFFLUENT GROSS VALUE		*****	*****		*****	0.31	.389 (19)		0	3/7	Comp
PERMIT REQUIREMENT		*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEK	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Director
L.J. Scheidt
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

AREA CODE	TELEPHONE NUMBER	YEAR	MO	DAY
502	241 9003	08	01	23

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE MO AVG FOR 2007 USE REMV: REPT IN MINIMUM COLUMN.

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

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

Form Approved.
OMB No. 2040-0004

NAME: WSA 41TH CONC STP
ADDRESS: 670 LOUISVILLE/JEFF CO MSD
15.20 ALBONQUIN PARK
LOUISVILLE KY 40211-2477
FACILITY: WEST HUNT CREEK SLP
LOCATION: LOUISVILLE KY 40201
ALEX E NOLAN, OPER MGR

KY0000000
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	07		07	12	31

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 ***

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	5.463	12.030	(03)	*****	*****	*****		0	1/2	1/2	
EFFLUENT GROSS VALUE	REPORT NO AVG	REPORT DAILY MX	LB/D	*****	*****	*****		0	CONTINUOUS	CONTINUOUS	
GENERAL EFFLUENT GROSS VALUE	*****	*****		*****	3	3	(13)	0	3/7	Grab	
EFFLUENT GROSS VALUE	*****	*****		*****	200	400	LB/D	0	FREE/GRAB	WEEK	
5 DAY BOD	4733	5834	(26)	*****	104.43	127.67	(17)	0	1/2	Comp	
RAW SEW INFLUENT	REPORT NO AVG	REPORT MX WK AV	LB/DY	*****	REPORT NO AVG	REPORT MX WK AV	NO/L	0	FREE/COMPOS	WEEK	
5 DAY BOD	151	244	(26)	*****	2.83	3.63	(17)	0	1/2	Comp	
EFFLUENT GROSS VALUE	500	751	LB/DY	*****	10	15	NO/L	0	FREE/COMPOS	WEEK	
5 DAY BOD	*****	*****		96.7%	*****	*****	(23)	0	1/3	Cal	
PERCENT REMOVAL	*****	*****		85	*****	*****	PER-CENT	0	ONCE/MONTH	CALC'D	
PERCENT REMOVAL	*****	*****		96.2%	*****	*****	(23)	0	1/3	Cal	
PERCENT REMOVAL	*****	*****		85	*****	*****	PER-CENT	0	ONCE/MONTH	CALC'D	

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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			502	1241-9013	08	01	23

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

5 DAY BOD FOR BOD/555 REMO, REPT IN MINIMUM COLUMN.

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

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

Form Approved.
OMB No. 2040-0004

NAME: RSD MILL CREEK SIF
ADDRESS: 670 LOUISVILLE/JEFF CO MUD
1514 ALCOA-20TH PL. N.

PERMIT NUMBER: KY0002430

DISCHARGE NUMBER: 001 R

MAJOR (SUBR LV):
F - FINAL

FACILITY: RSD MILL CREEK SIF
LOCATION: LOUISVILLE, KY 40211-2497

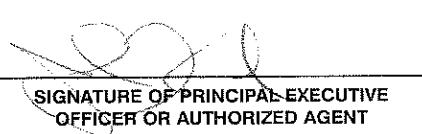
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	12	01		07	12	31

REASONABLE POTENTIAL EFFLUENT

*** NO DISCHARGE 1 1 ***

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			
TOTAL CHLORINE (TAKEN TO CHLORINATION)	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(19)	0	1/31	Loop
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
TOTAL CHLORINE (AS CaCO3)	SAMPLE MEASUREMENT	*****	*****		*****	231	231	(19)	0	1/31	Loop
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
TOTAL CHLORINE (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(19)	0	1/31	Loop
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	COMPOS
TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	0.0002	0.0002	(19)	0	1/31	Loop
	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 Eric Director H.S. Schwab 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	241-5011	08	01	23

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



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Dec 01, 2007 12:00 AM thru Dec 31, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region					
KY0022420	MSD0202	HITE CREEK	HITE CREEK	EAST					
Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to STREAM				
SIMH Sewer Manhole	08956	7802 FLOYDSBURG RD		FLOYDS FORK					
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	729519	12/12/07 11:40 AM	MARKS JR	COGMER	D	12/12/07	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	12/22/07 11:50 AM

Spot Inspections:

Discharge Amount:	75 GAL
Cause:	LACK OF SYSTEM CAPACITY DUE TO RAIN EVENT
Clean Up:	AREA WAS WASHED DOWN AND DEBRI HAULED
Control Zone:	AREA IS TAPED OFF SIGNS POSTED
Impact:	NONE OBSERVED BY MSD PERSONEL
Repair:	MSD HAULING STATION TO PREVENT OVERFLOW

Notifications:

12/12/07 01:53 PM	Rain event caused station to go into high wetwell which caused line to station to backup and overflow out of manhole.
12/12/07 01:59 PM	Signs are posted and door hangers have been placed at local residents.
12/12/07 12:56 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, epc2.en@ky.gov and braclew.kouns@ky.gov



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

Dec 01, 2007 12:00 AM thru Dec 31, 2007 11:59 PM

Report Selections: Excluding PPI, CSO, Result: WUS, Act Code: DISDW, DISREV

KPDES #	Facility ID	Treatment Plant Name	Receiving Stream of Treatment Plant	Region					
KY0022420 (Cont'd)	MSD0202	HITE CREEK	HITE CREEK	EAST					
Facility Type	Facility ID	Facility Address	If Pump Station, Name of Pump Station:	Receiving Stream	Discharge to				
SMH Sewer Manhole	20776	7250 FLOYDSBURG RD		FLOYDS FORK	D/TC-H				
Activity Code / Description	WQ #	Initiated	Initiated By	Assigned To	Disch Stat	Event Date	Problem	Resolution	Completed
DISREV: RAIN EVENT DISCHARGE	730353	12/15/07 08:30 PM	E.LDER	CARTER SR	D	01/03/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	12/15/07 11:40 PM

Spot Inspections:

Discharge Amount:	43,500 GAL
Cause:	LACK OF CAPACITY, RAIN EVENT IN AREA
Clean Up:	CLEANUP NOT FEASIBLE AT THIS TIME
Control Zone:	SIGNS WERE POSTED
Impact:	NO VISUAL IMPACT OBSERVED
Repair:	THE SOLUTION FOR THIS LOCATION WILL BE IN THE SANITARY DISCHARGE PLAN TO BE SUBMITTED BY 1/23/08

Notifications:

12/15/07 12:59 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.e-1@ky.gov and bradley.kouns@ky.gov
12/15/07 12:59 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and bradley.kouns@ky.gov
12/15/07 08:59 PM	Signs were posted in the area