



MSD

Louisville and Jefferson County Metropolitan Sewer District  
700 West Liberty Street  
Louisville Kentucky 40203-1911  
502-540-6000  
[www.msdlouky.org](http://www.msdlouky.org)

August 26, 2008

Charlie Roth, District Supervisor  
Kentucky Division of Water  
9116 Leesgate Office  
Louisville, Kentucky 40222

RE: Hite Creek Wastewater Treatment Plant, KPDES No: KY0022420  
Discharge Monitoring Report for July 2008.

Dear Mr. Roth:

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 June 2008.

Also included is a July discharge report.

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.0708

Enclosures

cc: K. Thurman (DOW Louisville)  
T. Singleton  
P. Burgin  
R. Shaw



Beneficial Use of Louisville's Biosolids  
[www.louisvillegreen.com](http://www.louisvillegreen.com)

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

MAJOR  
(SUBR LV)  
F - FINAL

JEPFE

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

MSD HITE CREEK STP  
C/O CEDAR CREEK STP  
8405 CEDAR CREEK RD  
LOUISVILLE KY 40211

CITY MSD HITE CREEK STP  
LOCATION LOUISVILLE KY 40201

ATTN: DENNIS THOMASSON, SR METRO OPS

KY0022420  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	07	01		08	07	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			
OXYGEN, DISSOLVED (DO)	*****	*****			7.2	*****	*****	( 19 )	0	3/4	Grab
0300 I O O	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		FREE/GRAB	
EFFLUENT GROSS VALUE				****	INST MIN					WEEK	
0400 I O O	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.9	( 12 )	0	3/4	Grab
0400 I O O	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	MG/L		FREE/GRAB	
EFFLUENT GROSS VALUE				****	MINIMUM		MAXIMUM	MG/L		WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4853	5184	( 26 )	*****	194.0	804.0	( 19 )	0	3/4	Comp
0530 O O O	PERMIT REQUIREMENT	REPORT	REPORT	LB/DY	*****	REPORT	REPORT	MG/L		FREE/COMPOS	
AW SEW/INFLUENT		MO AVG	MX WK AV			MO AVG	MX WK AV			WEEK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	58	77	( 26 )	*****	2.0	3.0	( 19 )	0	3/4	Comp
0530 I O O	PERMIT REQUIREMENT	1501	2252	LB/DY	*****	30	45	MG/L		FREE/COMPOS	
EFFLUENT GROSS VALUE		MO AVG	MX WK AV			MO AVG	MX WK AV			WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	502	522	( 26 )	*****	20.0	22.0	( 19 )	0	3/4	Comp
0510 O O O	PERMIT REQUIREMENT	REPORT	REPORT	LB/DY	*****	REPORT	REPORT	MG/L		FREE/COMPOS	
AW SEW/INFLUENT		MO AVG	MX WK AV			MO AVG	MX WK AV			WEEK	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	3	6	( 26 )	*****	0.14	0.26	( 19 )	0	3/4	Comp
0510 I 1 O	PERMIT REQUIREMENT	100	150	LB/DY	*****	2	3	MG/L		FREE/COMPOS	
EFFLUENT GROSS VALUE		MO AVG	MX WK AV			MO AVG	MX WK AV			WEEK	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	0.16	0.248	( 19 )	0	1/4	Comp
0565 I 1 O	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	REPORT	MG/L		WEEKLY/COMPOS	
EFFLUENT GROSS VALUE				****		MO AVG	MX WK AV				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Exec Director  
H.J. Schuckler, Jr.  
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  
502 541-1111 08 08 26

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

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

NAME MSD HITE CREEK STP  
 ADDRESS C/O CEDAR CREEK STP  
 2405 CEDAR CREEK RD  
 LOUISVILLE KY 40211  
 FACILITY MSD HITE CREEK STP  
 LOCATION LOUISVILLE KY 40201  
 ATTN DENNIS THOMASSON, SR METRO OPS

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

KY0022420  
 PERMIT NUMBER

001 2  
 DISCHARGE NUMBER

MAJOR (SURR LV)  
 F - FINAL JEFFE  
 MUNICIPAL WASTEWATER EFFLUENT  
 \*\*\* NO DISCHARGE \*\*\*

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	07	01		05	07	31

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LOW IN CONDUIT OR HRU TREATMENT PLANT	3.055	4.460	( 03)	*****	*****	*****		0	1/2	1/2	
FFLUENT GROSS VALUE	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	UDUS	
COLIFORM, FECAL GENERAL	*****	*****		*****	8	36	( 13)	0	3/7	Grab	
FFLUENT GROSS VALUE	*****	*****	****	*****	200	400	#/		FREE/GRAB		
OD, CARBONACEOUS 5 DAY, 20C	3826	3956	( 26)	*****	153.0	101.0	( 19)	0	3/7	Comp	
RAW SEW/INFLUENT	REPORT MO AVG	REPORT MX WK AV	LB/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE/COMPOS	WEEK	
OD, CARBONACEOUS 5 DAY, 20C	75	80	( 26)	*****	3.0	3.0	( 19)	0	3/7	Comp	
FFLUENT GROSS VALUE	500	751		*****	10	15			FREE/COMPOS	WEEK	
OD, CARE-5 DAY, 20C	*****	*****		*****	98.0%	*****	*****	( 23)	0	1/31	Cal
PERCENT REMOVAL	*****	*****	****	*****	85	*****	*****	PER-	UNCE/	CALCUL	
SLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	****	*****	99%	*****	*****	( 23)	0	1/31	Cal
PERCENT REMOVAL	*****	*****	****	*****	85	*****	*****	PER-	UNCE/	CALCUL	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 H.J. Schadin Jr  
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 502 540-6000  
 DATE  
 08 08 26  
 AREA CODE NUMBER YEAR MO DAY

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

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

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

MAJOR  
(SUBR LV)  
F - FINAL

JEFFE

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REASONABLE POTENTIAL  
EFFLUENT

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

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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
VANILDE, FREE (AMEN. CHLORINATION)	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(17)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			1	UNCE/MONTH
FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	222	222	(17)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			1	UNCE/MONTH
ADDRESS, TOTAL (AS CaCO3)	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(17)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			1	UNCE/MONTH
FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.00002	0.00002	(17)	0	1/31	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT			1	UNCE/MONTH
ADMIUM	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
DTAL RECOVERABLE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
FFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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TELEPHONE  
402 590-6000  
DATE  
08 07 26  
AREA CODE NUMBER YEAR MO DAY

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



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

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
SMH Sewer Manhole	108958	7302 FLOYDSBURG RD		FLOYDS FORK	CATCH BASIN

Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed
DISREV: RAIN EVENT DISCHARGE	812565	07/31/08 07:15 AM	MARKS JR	COOMER	DOCUMENTED	07/31/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	07/31/08 08:20 AM

**Spot Inspections:**

Discharge Amount:	13,000 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	NO CLEANUP REQUIRED
Control Zone:	TEMP SIGNS POSTED
Impact:	DILUTE STORM FLOW OBSERVED FLOWING TO NEARBY CATCH BASIN
Repair:	API HAULING TO PREVENT DISCHARGE SAP WORK ORDER #5192471

**Notifications:**

07/31/08 07:15 AM	DISPUB	temp signs posted to notify public
07/31/08 12:57 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

