MSD

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

September 25, 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 August 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 August 2008.

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.0808

Enclosures

cc: V. Prather
T. Singleton
P. Burgin
R. Shaw

Form Approved.
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*
NAME MSD HITE CREEK STP
ADDRESS C/O CEDAR CREEK STP
8405 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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	08	01	TO	08	08	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	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	******	******		7.0	******	******	(19)	0	3/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	7 INST MIN	******	******	MG/L		THREE/WEEK	GRAB
PH	SAMPLE MEASUREMENT	******	******		7.6	******	7.9	(12)	0	3/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	6.0 MINIMUM	******	9.0 MAXIMUM	SU		THREE/WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	4126	5101	(26)	******	179.0	218.0	(19)	0	3/7	Comp
00530 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		THREE/WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	58	70	(26)	******	2.0	3.0	(19)	0	3/7	Comp
00530 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		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	476	489	(26)	******	21.0	21.0	(19)	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		THREE/WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	6	11	(26)	******	0.28	0.47	(19)	0	3/7	Comp
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	100 MO AVG	150 MX WK AV	LBS/DY	******	2 MO AVG	3 MX WK AV	MG/L		THREE/WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	0.35	0.55	(19)	0	3/7	Comp
00665 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	REPORT MO AVG	REPORT MX WK AV	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Exec Director H.T. Schadler, 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	AREA CODE 502 / NUMBER 540-6410	YEAR 08	MO 09	DAY 25

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

EPA Form 3320-1 (Rev. 12-03) Previous editions may be used. This is a 4-part form.

Form Approved.
OMB No. 2040-0004

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ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0022420 — PERMIT NUMBER
001 2 — DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	02	02	01	TO	02	02	21

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

JEFFE

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PARAMETER		QUANTITY OR LOADING AVERAGE	QUANTITY OR LOADING MAXIMUM	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION MINIMUM	QUALITY OR CONCENTRATION AVERAGE	QUALITY OR CONCENTRATION MAXIMUM	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	2.759	3.480	(03)	******	******	******		0	C/D	C/D
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	******	******	******	****		CONTINUOUS	CONTIN
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	23	38	(13)	0	3/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*** ****	******	200 30DA GEO	400 #/ 7 DA GEO	100ML		THREE/ WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	4021	4561	(26)	******	176.0	195.0	(19)	0	3/7	Comp
80082 8 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		THREE/ WEEK	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	69	71	(26)	******	3.0	3.0	(19)	0	3/7	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	500 MO AVG	751 MX WK AV	LBS/DY	******	10 MO AVG	15 MX WK AV	MG/L		THREE/ WEEK	COMPOS
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	******	******		98%	******	******	(23)	0	3/31	Cal
80091 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	*** ****	85 MO AVG	******	******	PER-CENT		SINCE/ MONTH	CALCD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	******	******		98%	******	******	(23)	0	1/31	Cal
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	******	******	*** ****	85 MO MIN	******	******	PER-CENT		SINCE/ MONTH	CALCD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
Exec Director H.J. Schnatz 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	AREA CODE 502 / NUMBER 540-6000	YEAR 02	MO 03	DAY 25

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

USE MO AVG FOR BOD/TSS REMV; REPT IN MINIMUM COLUMN.

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DISCHARGE MONITORING REPORT *(DMR)*

Form Approved.
OMB No. 2040-0004

KY0022420	001 R
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	08	09	01	TO	08	09	30

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

JEFFE

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 1 0 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		ONCE/ MONTH	COMPOS
HARDNESS, TOTAL (AS CACO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	220	220	(19)	0	1/31	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	*******	*******		*******	0.01	0.01	(19)	0	1/31	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	*******	*******		*******	.00004	.000079	(19)	0	1/31	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		TELEPHONE		DATE		
Exec Director H.J. Schultz 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	AREA CODE 502	NUMBER 546-6000	YEAR 08	MO 09	DAY 25

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

NAME OF TREATMENT PLANT HITE CREEK WTP COUNTY JEFFERSON MONTH OF: August 2008

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	3.48	36	36	7.1		9.0		0.0										2.42	15.02	46	4.6	5.815		300							44.1								
2	2.78			7.4		7.0		0.0										1.87	12.99	39.4	4.6	5.83		380															
3	2.54			7.5		7.0		0.0				135		3	162		3	1.78	12.82	39.4	4.9	5.965		380								0.055	790	0.229	0.2	220	0.01	0.007	
4	3.12			7.3	7.6	7.0		0.0		9.0		159		2	144		3	2.16	12.27	46	4.1	6.575	4.425	400					1.52		37.8	0.055	23	0.251					
5	2.85	36	36	7.2	7.6	7.0		0.0		9.8		164		4	118		3	2.11	13.02	46	5.2	5.75		350							37.8	0.055	3	0.192					
6	3.16			7.7	7.8	7.0		0.0		8.6								2.15	12.91	32.9	5.2	5.665		300							56.7								
7	3.3			7.6		3.0		0.0										2.08	11.28	46	4.6	6.181		400							50.4								
8	2.77	36	36	7.2		10.0		0.0										1.78	12.94	52.6	4.9	5.945		350							37.8								
9	2.52			7.2		12.0		0.0										1.65	8.86	52.6	5	5.365		300							81.9								
10	2.47			7.3		12.0		0.0				222		2	262		3	1.78	12.32	59.2	5.9	6.63		400							89.3	0.39	14						
11	2.81			7.3	7.8	15.0		0.0		9.7		178		2	147		3	1.81	10.6	46	5.4	4.87	3.32	300							88.2	0.055	127	0.261					
12	2.81	36	36	7.4	7.9	10.0		0.0		9.0		184		2	136		3	1.79	12.59	46	5.7	5.365		250							89.3	0.055	29						
13	2.9			7.3	7.8	3.0		0.0		8.6								1.85	11.77	42.7	5.4	5.155		250							50.4			0.386	0.792		0.01	0.005	
14	3.14			7.3		9.0		0.0										1.8	13.8	36.2	4.2	5.19		250							112.3			0.892	0.2		0.01	0.008	
15	2.37	36	36	7.2		10.0		0.0										1.87	14.57	32.9	4.5	4.785		250							61.9								
16	2.48			7.1		10.0		0.0										1.84	9.85	49.3	4.4	4.99		250							50.4								
17	2.62			7.5		12.0		0.0				193		3	217		3	1.25	9.13	49.3	4.5	4.875		250								0.055	107						
18	2.79			7.3	7.8	11.0		0.0		10.2		206		3	214		3	2	17.15	59.2	2.2	2.395		150							126.4	0.055	55	0.208					
19	2.81	36	36	7.4	7.9	1.0		0.0		9.0		53		3	121		3	1.49	9.62			4.88		250							50.6	1.3	3						
20	2.78			7.8	7.8	10.0		0.0		10.0								2.01	15.28	59.2	5.2	5.245		250							62.4								
21	3.15			8.3		17.0		0.0										2.13	12.18	72.3	4.6	5.175	3.495	250					1.92	67	56.7								
22	2.35	36	36	7.3		13.0		0.0										1.92	13.28	72.3	4.5	5.08		250							63								
23	2.41			7.6		10.0		0.0										1.72	8.23	52.6	4.4	5.855		300							25.2								
24	2.61			7.5		15.0		0.0				206		2	189		3	1.79	11.32	78.8	5.3	5.375		270							37.8	0.56	3						
25	2.87			8.2	7.8	17.0		0.0		7.2		233		2	194		3	2.13	12.76	85.4	4.4	4.95		250							126	0.39	3	0.255					
26	2.91	36	36	7.6	7.8	15.0		0.0		7.1		216		2	203		3	2.15	9.15	85.4	5.3	3.455		180							100.8	0.34	45						
27	2.73			7.3	7.8	18.0		0.0		7.0								2.23	9.87	65.7	4.3	3.945	2.74	200					1.59	63	100.8								
28	2.86			8.4		18.0		0.0										2.19	9.61	98.6	3.3	3.335		200							113.4								
29	2.58	36	36	7.4		20.0		0.0										2.25	9.35	78.8	4	3.795		200							113.4								
30	2.23			7.4		10.0		0.0										2.09	8.97	65.7	3.8	3.79		190							75.6								
31	2.36			7.3		9.0		0.0										2.18	7.19	65.7	4.8	4.095		210							56.7								
Tot.	65.54	324	324															60.45													1957								
Avg.	2.759	36	36	7.5	7.8	10.8				8.8		179		3	176		3	1.95	11.57	56.74	4.64	5.042	3.495	274.5					1.677	65	89.9	0.28	23	0.34	0.40	######	0.01	0.01	

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

INDUSTRIAL WASTE POPULATION EQUIVALENT

26280	23769	19825
FLOW	CBOD	TSS

TOTAL NUMBER OF SEWER CONNECTIONS 0

SEWER CONNECTIONS 0 X 4 = 0 SEWERED POPULATION

OPERATOR: EARL DUNN

CERT. NO.: 7626

PLANT TELEPHONE: 502-241-9310