



MSD

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

October 27, 2008

Ms. Vickie L. Prather
Kentucky Division of Water
14 Reilly Road
Frankfort, Kentucky 40601

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

Dear Ms. Prather

Attached are the Discharge Monitoring Report (DMR) and the Monthly Operator Report (MOR) for the Hite Creek Wastewater Treatment Plant, for the month of September 2008.

Also included are the 3rd quarter Bio results, and two discharge reports.

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.0908

Enclosures

cc: C. Roth(DOW Louisville)
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 CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

FACILITY MSD HITE CREEK STP

LOCATION LOUISVILLE KY 40201

ATTN: DENNIS INUMASSON BR METRO OPS

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

KY0022420
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR
(SUBR LV)
F - FINAL

JEFFE

MUNICIPAL WASTEWATER
EFFLUENT

*** NO DISCHARGE 1 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO)	SAMPLE MEASUREMENT	*****	*****		7.0	*****	*****	(19)	0	3/7	Grab
DO500 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	INST MIN	*****	*****	MG/L		THREE/WK	
EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****		7.7	*****	8.1	(12)	0	3/7	Grab
DO400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	9.0	BU		THREE/WK	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4252	5261	(26)	*****	208.0	200.0	(19)	0	3/7	Comp
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		THREE/WK	
DO530 0 0 0	SAMPLE MEASUREMENT	44	49	(26)	*****	2.0	2.0	(19)	0	3/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	1501 MD AVG	2252 MX WK AV	LBS/DY	*****	30 MD AVG	45 MX WK AV	MG/L		THREE/WK	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	440	473	(26)	*****	21.0	23.0	(19)	0	3/7	Comp
DO610 0 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		THREE/WK	
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	6	9	(26)	*****	0.30	0.43	(19)	0	3/7	Comp
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	100 MD AVG	150 MX WK AV	LBS/DY	*****	MD AVG	3 MX WK AV	MG/L		THREE/WK	
DO610 1 1 0	SAMPLE MEASUREMENT	*****	*****		*****	0.24	0.307	(19)	0	1/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		WEEKLY/COMPOS	
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
DO665 1 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Director
H.J. Schade 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

502
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)

NAME MSR HITE CREEK STP
ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
FACILITY MSR HITE CREEK STP
LOCATION LOUISVILLE KY 40201
ATTN: DENNIS THOMASSON, SR METRO OPS

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

KY0022420			001 2				
PERMIT NUMBER			DISCHARGE NUMBER				
MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	07	01		00	07	30

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT
*** NO DISCHARGE () ***
NOTE: Read Instructions before completing this form.

PARAMETER		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	SAMPLE MEASUREMENT	2.429	2.940	(03)	*****	*****	*****		0	1/2	1/2
10050 1 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	(MD)	*****	*****	*****	****		CONTIN. CONTIN	
EFFLUENT GROSS VALUE								****		UGUS	
COLIFORM, FECAL, GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	7	25	(13)	0	3/4	G.b
14055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	200	400	*/		THREE/GRAB	
EFFLUENT GROSS VALUE						300A GEO	7 DA GEO	100ML		WEEK	
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	3839	4224	(26)	*****	189.0	209.0	(19)	0	3/4	Comp
10082 0 0 0	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		THREE/COMPOS	
RAW SEW/INFLUENT										WEEK	
BOD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	61	65	(26)	*****	3.0	3.0	(19)	0	3/4	Comp
10082 1 0 0	PERMIT REQUIREMENT	500 MD AVG	751 MX WK AV	LBS/DY	*****	10 MD AVG	15 MX WK AV	MG/L		THREE/COMPOS	
EFFLUENT GROSS VALUE										WEEK	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL	SAMPLE MEASUREMENT	*****	*****		98.0%	*****	*****	(23)	0	1/30	Cal
10091 0 0 0	PERMIT REQUIREMENT	*****	*****	*****	85 MD AVG	*****	*****	PER-CENT		ONCE/ CALCUL	
PERCENT REMOVAL										MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		99.0%	*****	*****	(23)	0	1/30	Cal
11011 0 0 0	PERMIT REQUIREMENT	*****	*****	*****	85 MD MIN	*****	*****	PER-CENT		ONCE/ CALCUL	
PERCENT REMOVAL										MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Exec Dir
H. J. Schuchman Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

508 540-6000 09 10 24
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.

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

AME MSD HITE CREEK STP
DDRESS C/O CEDAR CREEK STP
13405 CEDAR CREEK RD
LOUISVILLE KY 40211
ACILITY MSD HITE CREEK STP
OCATION LOUISVILLE KY 40201
ATTN: DENNIS THOMASSEN, SR METRO OPS

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

KY002R420

PERMIT NUMBER

001 R

DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
REASONABLE POTENTIAL EFFLUENT
*** NO DISCHARGE 1 ***
JEFFRE

MONITORING PERIOD

FROM

YEAR

MO

DAY

TO

YEAR

MO

DAY

NOTE: Read Instructions before completing this form.

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) 10/22 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
HARDNESS, TOTAL (AS CaCO3) 10/22 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	217	217	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CHROMIUM, HEXAVALENT (AS CR) 10/22 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT NO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
RADIUM TOTAL RECOVERABLE 11/13 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.00002	0.00002	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT NO 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 Dir
H.T. Schuchman Jr
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

502
546-6300

TELEPHONE

502
546-6300

DATE

08 10 24

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

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

AME HSD HITE CREEK STP
DDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211
ACILITY HSD HITE CREEK STP
OCATION LOUISVILLE KY 40201
ATTN: DENNIS THOMASSON, SR. METRO OPS

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

KY0022420
PERMIT NUMBER

001 Y
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	07	01	08	07	30

FROM

TO

MAJOR (SUPER LV)
F - FINAL JEFFE
METALS/BIONITORING/QUARTERLY
EFFLUENT
*** NO DISCHARGE ***

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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			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.0448	0.0448	(19)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QUARTLY	COMPLS
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	(19)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QUARTLY	COMPLS
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.002	<0.002	(19)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QUARTLY	COMPLS
TOXICITY, FINAL CONC TOXICITY UNITS 01406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.0	(29)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.00 CHRONC DAILY MX	TOXSTY		QUARTLY	COMPLS
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.00000064	0.00000064	(19)	0	1/92	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QUARTLY	COMPLS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Eric Director
H.J. Schacht 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
502 540-6000
DATE
08 10 24
AREA CODE NUMBER YEAR MO DAY

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

[illegible]

TOTAL NUMBER OF SEWER CONNECTIONS				<u>0</u>	
SEWER CONNECTIONS	<u>0</u>	X	4	=	<u>0</u> SEWERED POPULATION



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Sep 01, 2008 12:00 AM thru Sep 30, 2008 11:59 PM

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

KPDES # KY0022420	Facility ID MSD0202	Treatment Plant Name HITE CREEK	Receiving Stream of Treatment Plant HITE CREEK	Region EAST
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Facility Type SMH Sewer Manhole	Facility ID 40764	Facility Address 1831 WILLIAMSON CT	If Pump Station, Name of Pump Station:	Receiving Stream FLOYDS FORK	Discharge to DITCH
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Activity Code / Description DISDW: DRY WEATHER DISCHARGE	WO # 823985	Initiated 09/17/08 08:15 PM	Initiated By MARKS JR	Assigned To LAMB DIN JR	Disch Status REPAIRED - ISSUE RESOLVED	Event Date 09/17/08	Problem POWER OUTAGE (LG&E)	Result DISCHARGE TO WATERS OF THE US	Completed 09/17/08 08:30 PM	Condition
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Spot Inspections:

Discharge Amount:	750 GAL
Cause:	STATION WENT DOWN DUE TO POWER OVERLOAD
Clean Up:	MSD CLEANED & SANITIZED THE AREA
Control Zone:	TEMP SIGNS POSTED
Impact:	SEWAGE OBSERVED SOLIDS DEBRIS AND PERSONAL HYGENINE PRODUCTS
Repair:	ELECTRICIAN RESTORED POWER

Notifications:

09/18/08 03:24 AM	DISPUB	MSD advised customers of temp signs
09/18/08 12:57 AM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Sep 01, 2008 12:00 AM thru Sep 30, 2008 11:59 PM

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

KPDES # KY0022420 (Cont'd)	Facility ID MSD0202	Treatment Plant Name HITE CREEK	Receiving Stream of Treatment Plant HITE CREEK	Region EAST
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Facility Type SMH Sewer Manhole	Facility ID 40765	Facility Address 1901 WILLIAMSON CT	If Pump Station, Name of Pump Station:	Receiving Stream CHENOWETH RUN	Discharge to GROUND
---	-----------------------------	---	---	--	-------------------------------

<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 823488	<u>Initiated</u> 09/15/08 01:45 PM	<u>Initiated By</u> RICHARDSON	<u>Assigned To</u> RICHARDSON	<u>Disch Status</u> REPAIRED - ISSUE RESOLVED	<u>Event Date</u> 09/15/08	<u>Problem</u> POWER OUTAGE (LG&E)	<u>Result</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 09/15/08 03:00 PM	<u>Condition</u>
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Spot Inspections:

Discharge Amount:	200 GAL
Cause:	POWER OUTAGE PUMP STATION DOWN
Clean Up:	MSD PERSONNEL CLEANED AND SANITIZED THE IMPACTED AREA
Control Zone:	MSD PERSONNEL POSTED SIGNS
Impact:	SEWER WATER DISCHARGING FROM THE MSD MANHOLE
Repair:	MSD OPERATION MADE THE REPAIRS AND FIXED THE PROBLEM

Notifications:

09/15/08 01:45 PM	DISPUB	ADVISED CUSTOMER BY DOORCARDS AND TELEPHONE
09/16/08 04:40 PM	DISNOT	Original notification was not sent. Workorder was changed to WUS after it was added. Notification was sent manually to Lisa Jeffries, Sean Ireland, eppc.ert@ky.gov, Brian Bingham, Julia Muller.



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Sep 01, 2008 12:00 AM thru Sep 30, 2008 11:59 PM

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

KPDES # KY0022420 (Cont'd)	Facility ID MSD0202	Treatment Plant Name HITE CREEK	Receiving Stream of Treatment Plant HITE CREEK	Region EAST
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Facility Type SLS Sewer Lift Station	Facility ID MSD1082-PS	Facility Address 7511 MEADOW STREAM CT	If Pump Station, Name of Pump Station: MEADOW STREAM	Receiving Stream FLOYDS FORK	Discharge to GROUND
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<u>Activity Code / Description</u> DISDW: DRY WEATHER DISCHARGE	<u>WO #</u> 823779	<u>Initiated</u> 09/16/08 07:30 PM	<u>Initiated By</u> MARKS JR	<u>Assigned To</u> KESSEL	<u>Disch Status</u> DOCUMENTED	<u>Event Date</u> 01/03/05	<u>Problem</u> POWER OUTAGE (LG&E)	<u>Result</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 09/16/08 09:00 PM	<u>Condition</u>
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Spot Inspections:

Discharge Amount:	25 GAL
Cause:	MECHANICAL FAILURE OF GENERATOR
Clean Up:	MSD RAKED & LIMED THE AREA
Control Zone:	TEMP SIGNS POSTED
Impact:	DEBRIS OBSERVED AND SEWAGE
Repair:	CALLED CONTRACTOR FOR REPAIRS

Notifications:

09/16/08 11:34 PM	DISPUB	temp signs posted
09/16/08 12:57 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov