



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. Carolena Bentley
DMR Coordinator
200 Fair Oaks Lane
Frankfort, Kentucky 40601

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

Dear Ms. Bentley

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

Also included are the October 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.1008

Enclosures

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



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

ADDRESS C/O CEDAR CREEK STP
8405 CEDAR CREEK RD
LOUISVILLE KY 40211

KY0022420
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER EFFLUENT

JEFFE

FACILITY LOCATION MSD WITE CREEK STP
LOUISVILLE KY 40201

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

ATTN: DENNIS THOMASSON, SR. METRO OPS

*** 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	3/7	G.b
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****	MG/L		THREE/ WEEK	GRAB
PH	*****	*****			7.6	*****	7.9	(12)	0	3/7	G.b
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	MINIMUM MAXIMUM		THREE/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****			*****	209.0	222.0	(19)	0	3/7	Comp
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		THREE/ WEEK	COMPOS
SOLIDS, TOTAL SUSPENDED	*****	*****			*****	3.0	5.0	(19)	0	3/7	Comp
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1501	2252	LBS/DY	*****	30	45	MG/L		THREE/ WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****			*****	21.0	23.0	(19)	0	3/7	Comp
00610 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT	MG/L		THREE/ WEEK	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****			*****	0.20	0.40	(19)	0	3/7	Comp
00610 1 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	100	150	LBS/DY	*****	2	3	MG/L		THREE/ WEEK	COMPOS
PHOSPHORUS, TOTAL (AS P)	*****	*****			*****	0.40	0.70	(19)	0	3/7	Comp
00665 1 1 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	1.0	1.5	MG/L		WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.S. Schelkin 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 502 454-6000
DATE 08 11 25
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.

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

KY0022420
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

*** 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	2.502	3.620	(03)	*****	*****	*****		0	4/	4/	
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT DAILY MX	REQD	*****	*****	*****	****		CONT IN CONTIN UOUS	
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	7.0	19.0	(13)	0	3/7	Grab	
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/ 30DA SED	7 DA SED 100ML		THREE/ GRAB WEEK	
BOD, CARBONACEOUS 05 DAY, 20C 80082 6 0 0 RAW SEW/INFLUENT	3903.0	4223.0	(26)	*****	183.0	208.0	(19)	0	3/7	Comp	
	PERMIT REQUIREMENT	REPORT NO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		THREE/ COMPOE WEEK	
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	65.0	76.0	(26)	*****	3.0	3.0	(19)	0	3/7	Comp	
	PERMIT REQUIREMENT	500	751	LBS/DY	*****	10	15	MG/L		THREE/ COMPOE WEEK	
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 80091 K 0 0 PERCENT REMOVAL	*****	*****	****	98.0%	*****	*****	(23)	0	7/31	Cal	
	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER- CENT		ONCE/ CALCTD MONTH	
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	*****	*****	****	99.0%	*****	*****	(23)	0	1/31	Cal	
	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER- CENT		ONCE/ CALCTD MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Exec Dir
H.J. Shadock 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 11 25
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
USE 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 070 CEDAR CREEK STP
 8405 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD HITE CREEK STP
 LOCATION LOUISVILLE KY 40201
 ATTN: DENNIS THOMASSEN, SR METRO OPS

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

Form Approved.
 OMB No. 2040-0004

KY0022420
 PERMIT NUMBER

001 Y
 DISCHARGE NUMBER

MAJOR (SUBR LV)
 F - FINAL
 METALS/BIO-MONITORING/QUARTERLY EFFLUENT
 *** NO DISCHARGE [] ***
 NOTE: Read Instructions before completing this form.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	12	31

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			
ZINC TOTAL RECOVERABLE 01094 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	0.0505	0.0505	(19)	0	1/92	Comp
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	REPORT	REPORT			STRLY	COMPOS
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	<0.005	<0.005	(19)	0	1/92	Comp
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	REPORT	REPORT			STRLY	COMPOS
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	0.015	0.015	(19)	0	1/92	Comp
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	REPORT	REPORT			STRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS 61406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	*****	<1.00	(26)	0	1/92	Comp
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****	1.00	CHRONIC		STRLY	COMPOS
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	0.0000006	0.0000006	(19)	0	1/92	Grab
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	REPORT	REPORT			STRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Eric D...
 H.J. Sch...
 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 540-6000
 DATE 08 11 25
 AREA CODE NUMBER YEAR MO DAY

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

NAME MSD HITE CREEK STP
 ADDRESS C/O CEDAR CREEK STP
 8409 CEDAR CREEK RD
 LOUISVILLE KY 40211
 FACILITY MSD HITE CREEK STP
 LOCATION LOUISVILLE KY 40201
 ATTN: DENNIS THOMASSON, SR METRO OPS

KY0022420
 PERMIT NUMBER

001 R
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	10	01		08	10	31

PARAMETER	SAMPLE MEASUREMENT	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	*****	*****	*****	*****	*****	0.005	0.005	(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	*****	*****	*****	*****	*****	199	199	(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	*****	*****	*****	*****	*****	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	*****	*****	*****	*****	*****	0.000038	0.000038	(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
 Exec. Dir.
 H. J. Schaefer, 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
 502 546-6000
 AREA CODE NUMBER
 DATE
 08 11 25
 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 # KY0022420	Facility ID MSD0202	Treatment Plant Name HITE CREEK	Receiving Stream of Treatment Plant HITE CREEK	Region EAST	
Facility Type SMN Sewer Main	Facility ID 102610-V	Facility Address 6316 CHERRY LN	If Pump Station, Name of Pump Station:	Receiving Stream FLOYDS FORK	Discharge to DITCH

<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Status</u>	<u>Event Date</u>	<u>Problem</u>	<u>Result</u>	<u>Completed</u>	<u>Condition</u>
DISDW: DRY WEATHER DISCHARGE	829910	10/04/08 04:00 PM	MARKS JR	DUNN JR	REPAIRED - ISSUE RESOLVED	10/04/08	STRUCTURAL FAILURE	DISCHARGE TO WATERS OF THE US	10/04/08 04:20 PM	

Spot Inspections:

Discharge Amount:	500 GAL
Cause:	FORCEMAIN BREAK IN FRONT OF 7812 BEECHDALE RD
Clean Up:	MSD CLEANED AND SANITIZED AREA
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	DEBRIS OBSERVED SOLIDS ON GROUND
Repair:	STATION TAKEN OUT OF SERVICE AND TANKER CALLED TILL REPAIRS ARE MADE

Notifications:

10/04/08 09:10 PM	DISPUB	Temporary sign posted and msd customers advised on site
10/04/08 12:57 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov