



MSD

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

May 22, 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 April 2008.

Dear Ms. Thurman:

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

Also included are the monthly 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.0408

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)

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

MAJOR
(SUBR LV)
F - FINAL

JEFFR

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	04	01		05	04	30

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)		*****	*****		8.5	*****	*****	(19)	0	3/7	Grab
00300 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7 INST MIN	*****	*****	MG/L			
PH		*****	*****		7.0	*****	8.6	(12)	0	3/7	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED				(26)	*****	162.0	202.0	(19)	0	3/7	Comp
00530 0 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			
SOLIDS, TOTAL SUSPENDED				(26)	*****	7.0	9.0	(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			
NITROGEN, AMMONIA TOTAL (AS N)				(26)	*****	13.0	19.0	(19)	0	3/7	Comp
00610 0 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			
NITROGEN, AMMONIA TOTAL (AS N)				(26)	*****	0.25	1.0	(19)	0	3/7	Comp
00610 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	250 MO AVG	375 MX WK AV	LBS/DY	*****	5 MO AVG	7.5 MX WK AV	MG/L			
PHOSPHORUS, TOTAL (AS P)				(19)	*****	0.56	0.67	(19)	0	3/7	Comp
00665 1 2 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	REPORT MX WK AV	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.T. Schindler 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		
			502 241-9093	08	05	02

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)

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

MAJOR
(SUBR LV)
F - FINAL

JEFFE

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 DPS

KY0022420
PERMIT NUMBER

001 2
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
03	04	01		03	04	30

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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.925	13.520	(03)	*****	*****	*****		0	1/2	1/2
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	9	22	(13)	0	3/7	6-6
	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	*/		FREE/	SHAB
BOD, CARBONACEOUS 05 DAY, 20C 50082 0 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	4074	4489	(26)	*****	109.0	128.0	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MG/L		FREE/	COMPL
BOD, CARBONACEOUS 05 DAY, 20C 50082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	190	249	(26)	*****	3.0	4.0	(19)	0	3/7	Comp
	PERMIT REQUIREMENT	500 MO AVG	751 MX WK AV	LBS/DY	*****	10 MO AVG	15 MX WK AV	MG/L		FREE/	COMPL
BOD, CARB-5 DAY, 20 DEG C, PERCENT REMVL 50091 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		96.6%	*****	*****	(23)	0	1/30	Cal
	PERMIT REQUIREMENT	*****	*****	****	85 MO AVG	*****	*****	PER-CENT		ONCE/	CALCUL
SOLIDS, SUSPENDED PERCENT REMOVAL 51011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		95.0%	*****	*****	(23)	0	1/30	Cal
	PERMIT REQUIREMENT	*****	*****	****	85 MO MIN	*****	*****	PER-CENT		ONCE/	CALCUL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director W. J. Schadeh 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	241-9693 NUMBER	08 YEAR	05 MO	22 DAY

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

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

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

*** NO DISCHARGE 1 ***

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			
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.005	0.005	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	
HARDNESS, TOTAL (AS CaCO3) 00700 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	210	210	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	.00002	.00002	(19)	0	1/30	Comp
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		ONCE/MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director H.S. Schindler 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 502	NUMBER 291-9073	YEAR 08	MO 05	DAY 22

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

NAME OF TREATMENT PLANT HITE CREEK WTP COUNTY JEFFERSON MONTH OF: April 2008
 KPDES PERMIT NUMBER KY0022420 PLANT CAPACITY 4.4 MGD RECEIVING STREAM HITE CREEK

DATE	TOTAL FLOW (MILLION GALLONS)	RAW SEWAGE		pH		SETTLABLE 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	GAL/DAY X 1000	MLSS X 1000	MLVSS X 1000	DISSOLVED OXYGEN (mg/L)	MLSS (mg/L) X 1000	MLVSS (mg/L) X 1000	90 MIN.	90 MIN.	RAW			HAULED			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
																										% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS	% DRY SOLIDS	% VOLATILE SOLIDS WITHDRAWN GALLONS X 1000									
1	6.88	36	36	7.3		7.0						114		7	68		4	2.98	14.01	92	5	2.385		180							151.2	0.055	3	0.729	0.2		0.01		
2	8.05			7.3	7.2	10.0		9.4				126		9	85		4	1.75	6.51	98.6	4.2	2.14		170						151.2	0.055	3							
3	9.44			7.5	7.3	10.0		10.0				132		11	67		4	2.28	7.7	92	5.9	2.425	1.74	180						81.9	0.56	45							
4	13.52	36	36	7.0	7.3	10.0		10.0									2.32	14.79	88.7	7	2.345		160						50.4										
5	8.86			7.1		5.0											2.16	13.24	65.7	5.9	2.39		150						6.3										
6	6.44			7.3		8.0											2.9	10.09	65.7	9.1	2.38		190						81.9										
7	5.71			7.5		6.0											1.43	6.51	78.9	8.6	2.285		190						63										
8	4.7	36	36			10.0						133		8	80		3	2.27											100.8	1.1	3								
9	4.79			7.3	7.5	8.0		9.1				163		5	110		3	2.95	8.3	92	5.1	2.73		220				132.3	0.055	3									
10	4.38			7.3	7.7	12.0		9.8				155		6	104		3	2.83	6.62	98.6	3.9	2.765	1.93	240				0.78	67	138.6	0.39	1							
11	6.54	36	36	7.4	7.5	10.0		9.4									2.29	10.1	131.4	4.2	2.58		220					94.5											
12	5.08			7.6		10.0											2.15	8.8	65.7	5.3	2.795		190						25.2										
13	4.39			7.3		12.0											2.12	7.67	65.7	4.2	3.01		220					63											
14	4.31	36	36	7.4		14.0											2.33	7.57		4.3	2.78		250					107.1											
15	4.35			8.2		11.0						204		6	101		3	1.77	8		3.7	2.86		250				113.4	0.055	30									
16	4.25			8.6	7.7	12.0		9.3				204		4	117		3	2.7	8.2		3.8	3.205	2.22	280				0.98	66	50.4	0.055	3							
17	4.03			7.5	7.7	10.0		9.4				197		8	135		3	2.25	5.97	23	2.8	3.035		280				6.3	0.055	117									
18	3.83	36	36	8.8	7.8	10.0		9.7									2.03	7.19	52.6	3.3	2.83		270				37.8												
19	3.83			8.5		13.0											1.79	6.05	42.7	3.7	3.27		300				88.2												
20	3.73			7.6		5.0											2.15	7.65	39.4	3.8	3.775		330				25.2												
21	3.54			7.7		18.0											2.02	10.4	46	3.8	3.865		320				81.9												
22	3.66	36	36	7.8		10.0						108		5	102		3	1.99	7.86	65.7	3.1	3.36		300				88.2	0.45	50									
23	3.58			8.3	7.6	14.0		9.1				185		7	126		3	2.01	9.33	78.8	3.7	3.615		320				75.6	0.055	7									
24	3.72			8.7	7.7	10.0		8.5				226		6	157		3	1.79	9	92	2.6	3.59		280				119.7	0.055	23									
25	3.14	36	36	7.6	7.7	16.0		9.5									2.24	7.97	88.7	4.3	3.335		260				132.3												
26	3.13			7.3		15.0											2.22	8.81	65.7	6.1	3.875		280				63												
27	3.07			7.3		15.0											2.23	6.09	65.7	4.6	4.29		300				63												
28	3.07			7.5		15.0											2.07	9.93	78.8	5.3	3.865		290				100.8												
29	2.84	36	36	7.5		8.0											1.77	7.52	92	6.5	3.265	2.28	240				0.94	64	113.4										
30	2.89			7.6		13.0											2.34	8.11	78.8	6.4	3.28		240				126												
31																																							
Tot.	147.8	324	324														65.53												2533										
Avg.	4.925	36	36	7.6	7.5	10.9		9.4				162		7	104		3	2.184	8.614	74.8	4.841	3.046	2.043	244.6				0.918	66.25	84.42	0.25	9	0.73	0.20		0.01			

RESIDENTIAL COMMERCIAL INDUSTRIAL
 INDUSTRIAL WASTE POPULATION EQUIVALENT
 46905 FLOW 25208 CBOD 31735 TSS

TOTAL NUMBER OF SEWER CONNECTIONS _____ 0 _____
 SEWER CONNECTIONS _____ 0 _____ X 4 = _____ 0 _____ SEWERED POPULATION

OPERATOR CERT. NO.
 EARL DUNN 7626
 PLANT TELEPHONE
 502-241-9310

No. 8489 P. 2/22



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Apr 01, 2008 12:00 AM thru Apr 30, 2008 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				
SM-1 Sewer Manhole	108957	7302 FLOYDSBURG RD		FLOYDS FORK	DITCH				
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed
DISREV: RAIN EVENT DISCHARGE	765818	04/04/08 05:00 AM	MARKS JR	BROWN	DOCUMENTED	04/04/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	04/04/08 11:00 PM

Spot Inspections:

Discharge Amount:	85,500 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	NO IMPACT OBSERVED
Repair:	CALLING TO PREVENT ADDITIONAL DISCHARGE, HAULOP#766621

Notifications:

04/04/08 12:55 AM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/04/08 12:55 AM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

May. 19. 2008 2:17PM

No. 8489 P. 3/22



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

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

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

XPDES #	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				
St/H Sewer Manhole	91257	7512 MEADOW STREAM CT		SOUTH FORK HARRODS CREEK	STREAM				
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed
DISREV: RAIN EVENT DISCHARGE	735667	04/04/08 04:30 AM	MARKS JR	BROWN	DOCUMENTED	03/18/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE JS	04/04/08 07:00 PM

Spot Inspections:

Discharge Amount:	180 000 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clear Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	NO IMPACT OBSERVED
Repair:	SITE FOUND DURING RAIN EVENT RECON - WILL BE MONITORED & EVALUATED FOR REPAIR

Notifications:

04/04/08 12:58 AM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/04/08 12:58 AM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

May. 19. 2008 2:17PM



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004
Discharge Report

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

Report Selections: Excluding PPI, CSD, 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				
SLS Sewer Lift Station	MSD1355-PS	7512 KAVANAUGH RD	KAVANAUGH ROAD	HITE CREEK	GROUND				
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed
DISREV: RAIN EVENT DISCHARGE	766660	04/04/08 05:30 AM	MARKS LR	BROWN	DOCUMENTED	05/11/03	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	04/04/08 12:50 PM

Spot Inspections:

Discharge Amount:	176,000 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	NO IMPACT OBSERVED
Repair:	SITE FOUND DURING RAIN EVENT RECON- WILL BE MONITORED & EVALUATED FOR REPAIR

Notifications:

04/04/08 12:53 AM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
04/04/08 12:53 AM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov

No. 8489 P. 5/22



MSD Louisville and Jefferson County
Metropolitan Sewer District

IMSAST0004

Discharge Report

Initiated Apr 01, 2008 12:00 AM thru Apr 30, 2008 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				
SLS Sewer Lift Station	MSD1086-PS	7250 FLOYDSBURG RD	FLOYDSBURG ROAD	FLOYDS FORK	DITCH				
Activity Code / Description	WO #	Initiated	Initiated By	Assigned To	Disch Status	Event Date	Problem	Result	Completed
DISREV: RAIN EVENT DISCHARGE	758873	04/11/08 04:35 PM	MARKS JR	DUNN JR	DOCUMENTED	08/30/05	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	04/11/08 04:15 PM

Spot Inspections:

Discharge Amount	250 GAL
Cause:	LACK OF SYSTEM CAPACITY - HEAVY RAIN
Clean Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	TEMPCRARY SIGNS POSTED
Impact:	NO IMPACT OBSERVED
Repair:	HALLED TO PREVENT ADDITIONAL DISCHARGE, WO#758871

Notifications:

04/11/08 12:58 PM	Email notification of unauthorized discharge sent to ireland.sear@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
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May. 19. 2008 2:18PM