



**MSD**

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

January 26, 2009

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 December 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 December 2008.

Also included are the December discharge reports.

Fecal Coliform violations for the max . Was due to U.V system problems. System was repaired. Now plant is back to meeting compliance.

If you have any questions concerning the attached DMR's, please contact me at (502)241-9093.

Sincerely,

D.J.Rheinlaender  
Process Supervisor, East Region

DJR/ Hite Creek.1208

Enclosures

cc: C. Roth(DOW Louisville)  
T. Singleton  
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)

Form Approved.  
OMB No. 2040-0004

NAME: MSD HITE CREEK STP  
ADDRESS: 0/0 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

MAJOR  
(SUBR LV)  
F - FINAL

JEP/VI

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	12	01		08	12	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)	00300 1 0 0	*****	*****		8.9	*****	*****	( 19 )	0	3/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	7	*****	*****			THREE/	GRAB
PH	00400 1 0 0	*****	*****		7.4	*****	*****	( 12 )	0	3/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			THREE/	GRAB
SOLIDS, TOTAL SUSPENDED	00530 0 0 0	*****	*****	( 26 )	*****	*****	*****	( 19 )	0	3/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT			THREE/	COMPOS
SOLIDS, TOTAL SUSPENDED	00530 1 0 0	*****	*****	( 26 )	*****	*****	*****	( 19 )	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	1501	2252	LBS/DY	*****	30	45			THREE/	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 0 0 0	*****	*****	( 26 )	*****	*****	*****	( 19 )	0	3/7	Comp
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT	REPORT	LBS/DY	*****	REPORT	REPORT			THREE/	COMPOS
NITROGEN, AMMONIA TOTAL (AS N)	00610 1 2 0	*****	*****	( 26 )	*****	*****	*****	( 19 )	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	250	375	LBS/DY	*****	5	7.5			THREE/	COMPOS
PHOSPHORUS, TOTAL (AS P)	00665 1 2 1	*****	*****	( 19 )	*****	*****	*****	( 19 )	0	3/7	Comp
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****			WEEKLY	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Eric Dv  
H. J. Schmitt  
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: 502 446-4100  
DATE: 07 06 06  
AREA CODE: 502 NUMBER: 446-4100 YEAR: 07 MO: 06 DAY: 06

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

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

MAJOR  
(SUBR LV)  
F - FINAL

JEFF

MUNICIPAL WASTEWATER  
EFFLUENT

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read Instructions before completing this form.

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

KY0022420  
PERMIT NUMBER

001 2  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	12	01		05	12	31

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 I O O	4.1	8.0	( 03 )	*****	*****	*****			0	4/2	4/2
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
COLIFORM, FECAL GENERAL 74055 I O O	*****	*****	*****	*****	*****	59	661	( 13 )	1	3/7	GOOD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400	#/		THREE/	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 O O O	4613	4755	( 26 )	*****	*****	145	169	( 19 )	0	3/7	COMP
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MO AVG	REPORT MX WK AV	MC/L		THREE/	COMPOS
BOD, CARBONACEOUS 05 DAY, 20C 80082 I O O	146	187	( 26 )	*****	*****	4	6	( 19 )	0	3/7	COMP
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	500	751	*****	*****	10	15	MC/L		THREE/	COMPOS
BOD, CARB-S DAY, 20 80091 X O O	*****	*****	*****	*****	*****	*****	*****	( 23 )	0	1/31	CAL
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	PER-		ONCE/	CALC'D
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 X O O	*****	*****	*****	*****	*****	*****	*****	( 23 )	0	1/31	CAL
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	PER-		ONCE/	CALC'D
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*EXT 107*  
*A. J. Schuman*  
TYPED OR PRINTED

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*[Signature]*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
502 596 6800  
DATE  
09 01 06  
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.

*Final 12/31/05 see cover letter*

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

NAME MSD MITE CREEK STP  
ADDRESS C/O CEDAR CREEK STP  
3405 CEDAR CREEK RD  
LOUISVILLE KY 40211

FACILITY MSD MITE CREEK STP  
LOCATION LOUISVILLE KY 40201

ATTN: DENNIS THOMASSON, SR METRO DPE

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

KY0022420  
PERMIT NUMBER

001 R  
DISCHARGE NUMBER

MAJOR  
(SUBR LV)  
F - FINAL

JEFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
05	12	01	05	12	31

FROM

TO

REASONABLE POTENTIAL  
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			
CYANIDE, FREE (AMEN. TO CHLORINATION) 00722 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.005	0.005	( 19)	C	1/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			ONCE/MONTH	COMPOS
HARDNESS, TOTAL (AS CaCO3) 00900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	220	220	( 19)	C	1/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			ONCE/MONTH	COMPOS
CHROMIUM, HEXAVALENT (AS CR) 01002 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.01	0.01	( 19)	C	1/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			ONCE/MONTH	COMPOS
CADMIUM TOTAL RECOVERABLE 01113 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.002	0.002	( 19)	C	1/31	COMPOS
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	REPORT			ONCE/MONTH	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*[Signature]*  
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

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

<b>KPDES #</b> KY0022420	<b>Facility ID</b> MSD0202	<b>Treatment Plant Name</b> HITE CREEK	<b>Receiving Stream of Treatment Plant</b> HITE CREEK	<b>Region</b> EAST	
<b>Facility Type</b> SMH Sewer Manhole	<b>Facility ID</b> 40764	<b>Facility Address</b> 1831 WILLIAMSON CT	<b>If Pump Station, Name of Pump Station:</b>	<b>Receiving Stream</b> FLOYDS FORK	<b>Discharge to</b> 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	853616	12/05/08 11:42 AM	SINGLETON	ALEXANDER	REPAIRED - ISSUE RESOLVED	12/29/08	MECHANICAL FAILURE	DISCHARGE TO WATERS OF THE US	12/05/08 01:02 PM	

**Spot Inspections:**

Discharge Amount:	2,000 GAL
Cause:	PUMP OBSTRUCTED BY ROCK
Clean Up:	API VACTORED SEWAGE, DEBRIS REMOVED & LIME SPREAD
Control Zone:	TEMPORARY SIGNS PLACED AROUND IMPACTED AREA
Impact:	SEWAGE WATER & SOME DEBRIS
Repair:	REMOVED OBSTRUCTION & REPLACED PUMP

**Notifications:**

12/05/08 01:20 PM	DISPUB	B. Seigle will update MSD website & informed businesses that there was a sewage leak.
12/05/08 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



Initiated Dec 01, 2008 12:00 AM thru Dec 31, 2008 11:59 PM

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

<b>KPDES #</b> KY0022420 (Cont'd)	<b>Facility ID</b> MSD0202	<b>Treatment Plant Name</b> HITE CREEK	<b>Receiving Stream of Treatment Plant</b> HITE CREEK	<b>Region</b> EAST	
<b>Facility Type</b> SLS Sewer Lift Station	<b>Facility ID</b> MSD1086-PS	<b>Facility Address</b> 7250 FLOYDSBURG RD	<b>If Pump Station, Name of Pump Station:</b> FLOYDSBURG ROAD	<b>Receiving Stream</b> FLOYDS FORK	<b>Discharge to</b> 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>
DISREV: RAIN EVENT DISCHARGE	858959	12/24/08 12:28 PM	MARKS JR	DUNN JR	DOCUMENTED	08/30/05	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	12/24/08 02:30 PM	

**Spot Inspections:**

Discharge Amount:	3,600 GAL
Cause:	LACK OF SYSTEM CAPACITY
Clean Up:	NO CLEAN UP REQUIRED
Control Zone:	TEMP SIGNS POSTED
Impact:	ONLY CLEAR SEWAGE OBSERVED
Repair:	HAULING TO PREVENT FURTHER DISCHARGE

**Notifications:**

12/24/08 01:31 PM	DISPUB	temporary signs posted to warn public
12/24/08 01:00 PM	DISNOT	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov