



MSD

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

April 23, 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 March 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 March 2008.

Also included are the 1st quarter Biomonitoring report, and the 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.0308

Enclosures

cc: K. Thurman (DOW Louisville)
T. Singleton

R. Shaw



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

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

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

ACILITY 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
0012 DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT

JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

*** 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			
OXYGEN, DISSOLVED (DO)		*****	*****		9.1	*****	*****	(19)	0	3/7	Grab
00300 1 0 0		*****	*****	****	7	*****	*****			THREE/GRAB	
EFFLUENT GROSS VALUE		*****	*****	****	INST MIN			MG/L		WEEK	
PH		*****	*****		7.3	*****	7.7	(12)	0	3/7	Grab
00400 1 0 0		*****	*****	****	6.0	*****	9.0			THREE/GRAB	
EFFLUENT GROSS VALUE		*****	*****	****	MINIMUM		MAXIMUM	SU		WEEK	
SOLIDS, TOTAL SUSPENDED		6800.0	8235.0	(26)	*****	136.0	162.0	(19)	0	3/7	Comp
00530 0 0 0		REPORT	REPORT		*****	REPORT	REPORT			THREE/COMPOS	
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		WEEK	
SOLIDS, TOTAL SUSPENDED		447.0	716.0	(26)	*****	8.0	11.0	(19)	0	3/7	Comp
00530 1 0 0		1501	2252		*****	30	45			THREE/COMPOS	
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N)		462.0	509.0	(26)	*****	10.0	11.0	(19)	0	3/7	Comp
00610 0 0 0		REPORT	REPORT		*****	REPORT	REPORT			THREE/COMPOS	
RAW SEW/INFLUENT		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		WEEK	
NITROGEN, AMMONIA TOTAL (AS N)		54.0	150.0	(26)	*****	1.0	2.0	(19)	0	3/7	Comp
00610 1 2 0		250	375		*****	5	7.5			THREE/COMPOS	
EFFLUENT GROSS VALUE		MO AVG	MX WK AV	LBS/DY		MO AVG	MX WK AV	MG/L		WEEK	
PHOSPHORUS, TOTAL (AS P)		*****	*****		*****	1.0	1.0	(19)	0	3/7	Comp
00665 1 2 0		*****	*****	****	*****	REPORT	REPORT			WEEKLY COMPOS	
EFFLUENT GROSS VALUE		*****	*****	****		MO AVG	MX WK AV	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Eric Director
H.J. Schardel 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	241-9092	08	04	23
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 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)

KY002P420
PERMIT NUMBER
001 2
DISCHARGE NUMBER

MAJOR (SUBR LV)
F - FINAL
MUNICIPAL WASTEWATER
EFFLUENT

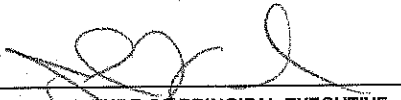
JEFFE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01	TO	08	03	31

*** 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	6.874	14.550	(03)	*****	*****	*****		0	4x	4x
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MD AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		CONTIN	CONTIN
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	7	14	(13)	0	3/7	Grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200	400 #/			THREE/GRAB	WEEK
800 05 DAY, 20C	SAMPLE MEASUREMENT	4083.0	4792.0	(26)	*****	83.0	97.0	(19)	0	3/7	Comp
80082 9 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MD AVG	REPORT MX WK AV	LBS/DY	*****	REPORT MD AVG	REPORT MX WK AV	MG/L		THREE/COMPOS	WEEK
800 05 DAY, 20C	SAMPLE MEASUREMENT	251.0	442	(26)	*****	5.0	7.0	(19)	0	3/7	Comp
80082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	500 MD AVG	751 MX WK AV	LBS/DY	*****	10 MD AVG	15 MX WK AV	MG/L		THREE/COMPOS	WEEK
800 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		94.0%	*****	*****	(23)	0	1/31	Cal
80091 8 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MD AVG	*****	*****	PER-CENT		ONCE/ CALCTD	MONTH
800 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		94.0%	*****	*****	(23)	0	1/31	Cal
81011 8 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MD MIN	*****	*****	PER-CENT		ONCE/ CALCTD	MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Exec Director 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	DATE		
			508 1241-9093	08	04	23

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 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 R
 DISCHARGE NUMBER

MAJOR
 (SUBR LV)
 F - FINAL

JEFFE


MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01		08	03	31

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)		*****	*****		*****	.01	.01	(19)	0	1/31	Comp
00722 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
HARDNESS, TOTAL (AS CaCO3)		*****	*****		*****	227	227	(19)	0	1/31	Comp
00900 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CHROMIUM, HEXAVALENT (AS CR)		*****	*****		*****	.01	.01	(19)	0	1/31	Comp
01032 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS
CADMIUM TOTAL RECOVERABLE		*****	*****		*****	.00002	.00002	(19)	0	1/31	Comp
01113 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	REPORT MO AVG	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Eric Director H.T. Schenk 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 508	NUMBER 241-9093	YEAR 08	MO 04	DAY 23

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME MSD HITE CREEK STP

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

Form Approved.
 OMB No. 2040-0004

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

KY0022420
 PERMIT NUMBER

001 Y
 DISCHARGE NUMBER

MAJOR
 (SUBR LV)
 F - FINAL

JEFFRE

FACILITY MSD HITE CREEK STP
 LOCATION LOUISVILLE KY 40201

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	03	10	08	03	31

FROM

TO

METALS/BIDMONITORING/QUARTERLY
 EFFLUENT

*** NO DISCHARGE [] ***

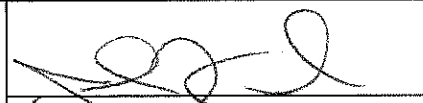
NOTE: Read Instructions before completing this form.

ATTN: DENNIS THOMASSON, SR METRO OPS

PARAMETER	X	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	*****	*****		*****	0.0323	0.0323	(19)	0	1/90	Comp
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
LEAD TOTAL RECOVERABLE 01114 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	<0.005	(19)	0	1/90	Comp
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
COPPER TOTAL RECOVERABLE 01119 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<0.002	<0.002	(19)	0	1/90	Comp
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QTRLY	COMPOS
TOXICITY, FINAL CONC TOXICITY UNITS 51406 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.0	(20)	0	1/90	Comp
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.00 CHRONC DAILY MX TOXCTY			QTRLY	COMPOS
MERCURY TOTAL RECOVERABLE 71901 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	.00000131	.00000131	(19)	0	1/90	Grab
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT MD AVG	REPORT DAILY MX	MG/L		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Exec Director
 H.J. Schneider, 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
 58 1241-9093
 AREA CODE NUMBER

DATE
 08 04 24
 YEAR MO DAY

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



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

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 90776	Facility Address 7250 FLOYDSBURG RD	If Pump Station, Name of Pump Station:	Receiving Stream FLOYDS FORK	Discharge to DITCH
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<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 756639	<u>Initiated</u> 03/18/08 04:15 PM	<u>Initiated By</u> ELDER	<u>Assigned To</u> DUNN JR	<u>Disch Stat</u> D	<u>Event Date</u> 01/03/05	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Resolution</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 03/19/08 02:00 AM
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Spot Inspections:

Discharge Amount:	48,000 GAL
Cause:	LACK OF CAPACITY, RAIN EVENT IN AREA
Clean Up:	AREA RAKED DEBRI HAULED
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	PERSONAL HYGIENE PRODUCTS
Repair:	HAULING TO PREVENT OVER FLOW WORK ORDER#756496

Notifications:

03/18/08 12:58 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/18/08 12:58 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



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

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 91087	Facility Address 7510 MEADOW STREAM CT	If Pump Station, Name of Pump Station:	Receiving Stream SOUTH FORK HARRODS CREEK	Discharge to STREAM
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<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Stat</u>	<u>Event Date</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISREV: RAIN EVENT DISCHARGE	756681	03/18/08 06:40 PM	MARKS JR	HOWARD	D	03/18/08	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	03/20/08 02:30 AM

Spot Inspections:

Discharge Amount:	1,440,000 GAL
Cause:	STORM FLOW CAUSED LACK OF SYSTEM CAPACITY
Clean Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	NO VISUAL IMPACT OBSERVED BY MSD PERSONNEL
Repair:	A SOLUTION FOR THIS LOCATION WILL BE INCLUDED IN THE SANITARY SEWER DISCHARGE PLAN TO BE SUBMITTED BY DECEMBER 31, 2008

Notifications:

03/18/08 12:58 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/18/08 12:58 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



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

KPDES # KY0022420 (Cont'd)	Facility ID MSD0202	Treatment Plant Name HITE CREEK	Receiving Stream of Treatment Plant HITE CREEK	Region EAST	
Facility Type SLS Sewer Lift Station	Facility ID MSD1086-PS	Facility Address 7250 FLOYDSBURG RD	If Pump Station, Name of Pump Station: FLOYDSBURG ROAD	Receiving Stream FLOYDS FORK	Discharge to DITCH

<u>Activity Code / Description</u> DISREV: RAIN EVENT DISCHARGE	<u>WO #</u> 750806	<u>Initiated</u> 03/04/08 07:20 AM	<u>Initiated By</u> MARKS JR	<u>Assigned To</u> KAISER	<u>Disch Stat</u> D	<u>Event Date</u> 08/30/05	<u>Problem</u> LACK OF SYSTEM CAPACITY	<u>Resolution</u> DISCHARGE TO WATERS OF THE US	<u>Completed</u> 03/04/08 10:00 AM
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Spot Inspections:

Discharge Amount:	2,000 GAL
Cause:	STORM FLOW CAUSED A LACK OF SYSTEM CAPACITY
Clean Up:	AREA RAKED AND DEBRIS HAULED AREA LIMED
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	DEBRIS OBSERVED
Repair:	HAULED TO PREVENT DISCHARGE WO# 750812

Notifications:

03/04/08 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
03/04/08 12:58 AM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov



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		
<u>Activity Code / Description</u>	<u>WO #</u>	<u>Initiated</u>	<u>Initiated By</u>	<u>Assigned To</u>	<u>Disch Stat</u>	<u>Event Date</u>	<u>Problem</u>	<u>Resolution</u>	<u>Completed</u>
DISREV: RAIN EVENT DISCHARGE	752173	03/10/08 07:30 PM	MARKS JR	HOWARD	D	08/30/05	LACK OF SYSTEM CAPACITY	DISCHARGE TO WATERS OF THE US	03/10/08 09:50 PM

Spot Inspections:

Discharge Amount:	1,200 GAL
Cause:	SNOW STORM MELT CAUSED INCREASE IN FLOW AND LED TO LACK OF SYSTEM CAPACITY
Clean Up:	NONE POSSIBLE DUE TO MAGNITUDE OF STORM
Control Zone:	TEMPORARY SIGNS POSTED
Impact:	NO IMPACT OBSERVED BY MSD PESONNEL
Repair:	HAULING TO PREVENT ADDITIONAL DISCHARGE, HAULOP WO#752174

Notifications:

03/10/08 12:58 PM	Supplemental Email notification of unauthorized discharge has been sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov
03/10/08 12:58 PM	Email notification of unauthorized discharge sent to ireland.sean@epa.gov, eppc.ert@ky.gov and LisaA.Jeffries@ky.gov